

REF: CS1/LAW21003943/Avf3

Special Instruction:

L/SUM : \$ 16,700.00

ASSIGNMENT (Office)

From (Person): BONNIE KWOK of LAW Date/Time: 26/3/2021 10:35 AM
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: PRECISE AUTO SERVICE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: JTR 9191 Insured: GBD 9131B

at Workshop m/s **PRECISE AUTO SERVICE**

Tel: 6745 7367 / 6745 8024

of NO.1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883

Policy No: TWK/CCD/1408/20

Claim No: BK.19649.20.P

Sum Insured:

Excess:

Make of Veh:

Make of Ven: _____ D.O.A. 10-02-2020
(Client's Record)

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 19/4/21 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original 9 days)

Date/Time: 19/4/21 Submit Final Fig LS \$8000, 6 days (Red \$ 8700 / 52 %; Original days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R* or *UB*, *LR*, *Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

1) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____