

REF: CS1/SCD21004288/Qtf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): JAMIN TAN of SCDF Date/Time: 1/4/2021 4:33 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: QX 1293L

Insured:

at Workshop m/s INDECO ENGINEERS PTE LTD

Tel: 6848 3612

of 39 DEFU LANE 12 SINGAPORE 539139

Policy No: MHASCD06000065683/1

Claim No. ACC-IND-21-08

Sum Insured:

Excess:

Make of Veh:

D.O.A.

(Client's Record)

H.O.D. Endorsement/Date:

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

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

Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

MAN HOUR 38

[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 _____