Surveyor :

REF: CS1/LAW21005061/Dvf3

Special Instruction:

L/SUM:$7940.00

ASSIGNMENT (Office)

From (Person): TEO YI XUAN of LAW Date/Time: 22/4/2021 7:00 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: YAP LEE MOTOR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: ET 128B Insured: SLE 2634P

at Workshop m/s YAP LEE MOTOR Tel: 9818 1398

of BLK 1 KAKI BUKIT AVE 6 #01-26 AUTOBAY@KAKI BUKIT

Policy No: TCL.MH.ro.50449.18.ylm Claim No: 2019002427.Sompo(mpd)

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14-11-2018

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___**days (Red $**____/___**%; Original** 5 **days)**

Date/Time: 12/10/21 **Submit Final Fig** LS $2000, 4 **days (Red $** 5940 / 74 **%; Original** 5 **days)**

Date/Time	Action/Instruction
	ET 128B- X
	SLE 2634P- X

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: 50/50 *Date:*

Basic & Add	
Transport	
Photos	
Others	
Total	

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 _____