

REF: CS/LAW21005061/Dvf3

Special Instruction:

ASSIGNMENT (Office)

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

Estimated Cost: _____ Bill to: _____

L/SUM:\$7940.00

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: _____ 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: _____ Submit Final Fig _____, ____ days (Red \$ _____ / ____ %; 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 _____