

REF: CS1/LAW21006040/Gvf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): RAYMOND of LAW Date/Time: 21/5/2021 12:30 PM

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 24,400.00

Third Parties:

Claimant:

Surveyor:

Workshop: MOTOR INTEL AUTOMO PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMA 6298J

Insured:

at Workshop m/s MOTOR INTEL AUTOMO PTE LTD

Tel: 6281 0087

of 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807

Policy No: [KEN-Legal_APAC.FID270858]

Claim No: MC/MC 6395/2019

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27-12-2018

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original ¹¹ 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 _____