

REF: CS1/LPM21006072/Kvf3

Special Instruction:

L/SUM : \$ 11,000.00

Third Parties:

Claimant:

Surveyor:

Workshop: S THREE AUTOMOTIVE RECOVERY PTE LTD

ASSIGNMENT (Office)

From (Person): AU LEE TYNG of LPM Date/Time: 24/5/2021 11:55 AM

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJS 1779J Insured: JGF 7087

at Workshop m/s S Three Automotive Recovery Pte Ltd Tel: 9766 2745

of BLK 8 SIN MING IND EST #01-64/66 SINGAPORE 575643

Policy No: _____ Claim No: 19/19/19/VP02/298837

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/11/2109
(Client's Record)

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red S _____/____%; Original 10 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)	
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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 _____