

REF: CS1/LPC21006141/Gvf3

Special Instruction:

L/SUM : \$ 5600.00

Third Parties:

Claimant:

Surveyor:

Workshop: E MOTORING

ASSIGNMENT (Office)

From (Person): ONG LI LI of LPC Date/Time: 25/5/2021 6:09 PM
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FBN 6370U Insured: XD 9096J

at Workshop m/s E MOTRORING Tel: 6910 0369

of 2, YISHUN INDUSTRIAL STREET 1 #01-23 NORTH POINT BIZHUB SINGAPORE 768159

Policy No: _____ Claim No: 20/21/21/VC05/024182

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/01/2021
(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 4/6/21 Confirmed with Final Fig , days (Red \$ / %; Original 8 days)

Date/Time: 4/6/21 Submit Final Fig LS \$3650, 4 days (Red \$ 1950 / 34 %; Original 8 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: _____

Date/Time		File Pass to		File Return to		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