

REF: CS/LAW21006413/Utf3

Special Instruction:

L/SUM : \$ 7300.00

Third Parties:

Claimant:

Surveyor:

Workshop: Team Autopro Pte Ltd

ASSIGNMENT (Office)

From (Person): TEO WENG KIE of LAW Date/Time: 4/6/2021 3:33 PM
Estimated Cost: _____ Bill to: _____

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: SJX 8562Y Insured: SLS 6199D

at Workshop m/s TEAM AUTOPRO PTE LTD Tel: 6258 1955

of 160 SIN MING DR #01-14 SIN MING AUTO CITY SINGAPORE 575722

Policy No: _____ Claim No: MC/MC12782/2020

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18 August 2020
(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 7/7/2021 Confirmed with Final Fig, days (Red \$ / %; Original 7 days)

Date/Time: 7/7/2021 Submit Final Fig 4150, 5 days (Red \$ / %; Original days)

3150:43%

[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 _____