

REF: CS3/GAI21005487/R1uf3-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): ELIZABETH CHEW of GAI Date/Time: 30/6/2021 10:25 PM

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 16,300.00

Third Parties:

Claimant:

Surveyor:

Workshop: A-TEC MOTORZ PTE LTD

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: YN 1911U

Insured: SJU 5287C

at Workshop m/s A-TEC MOTORZ PTE LTD

Tel: 92999871

of 39 WOODLAND CLOSE #02-43 MEGA WOODLAND

Policy No:

Claim No: CLMOMVP000001144

Sum Insured:

Excess:

Make of Veh:

D.O.A. 03/05/2021

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 15/11/2021 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original ____ days)

Date/Time: 15/11/2021 Submit Final Fig \$1850, 4 days (Red \$14450 / 89 %; Original 6 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:	
--------------	--

Date: _____

Basic & Add

Transport

Photos

Others

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 _____