

REF: CS1/LPM21007464/Etc

Special Instruction:

ASSIGNMENT (Office)

From (Person): Bayusuria of LPM Date/Time: 08/07/2021

Estimated Cost: _____ Bill to: _____

\$17609.34

Third Parties:

Claimant:

Surveyor: UNITED APPRAISAL

Workshop: Carsmith Private Limited

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SGJ 33U Insured:

at Workshop m/s Carsmith Private Limited Tel: 90910000

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

Policy No: _____ Claim No: 19/20/20/VC10/310542

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/02/2020
(Client's Name) _____

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 5 ____ days)

Date/Time: 12/7/2021 Submit Final Fig 1/s 6500, 3 days (Red \$11109.34 / 63 %; Original 5 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 _____