

Server:

Special Instruction:

From (Person): IRENE TAY of CTI Date/Time: 13.07.2021
Estimated Cost: _____ Bill to: _____

Third Parties:

Surveyor: Precise Appraiser Pte Ltd

Workshop: **CONNECT3**

To Inspect Vehicle No: CB 7979J Insured: PC 2642D
at Workshop m/s CONNECT3 Tel: _____
of 566 Woodlands Road (Mandai Estate) S 728697

Policy No: _____ Claim No: SNM21D202648C2

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07/05/2021
(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 19/7/21 Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; Original 9 days)

Date/Time: 19/7/21 Submit Final Fig LS \$23,050, 8 days (Red \$ 5400 / 19 %; 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 _____