

REF: CS/LAW21007810/Avf3

Special Instruction:

ASSIGNMENT (Office)

L/SUM : \$ 3500.00

From (Person): ANIL of LAW Date/Time: 21/7/2021 3:14 PM

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

OD/TP Re-inspection / Evaluation

Surveyor:

Workshop: JD MOTORSPORTS PTE LTD

To Inspect Vehicle No: SKG 7258K

Insured: SJS 6779D

at Workshop m/s JD MOTORSPORTS PTE LTD

Tel: 9237 3644

of 25 KAKI BUKIT ROAD 4 #06-38 SYNERGY @ KB

Policy No: TCL.MH.an.50017.20.jdm

Claim No: SS/sm/2021000427

Sum Insured:

Excess:

Make of Veh:

D.O.A. 06/01/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

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

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____/____%; 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:

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 _____