

REF: CS/LAW21008535/Dvf3

Special Instruction:

L/SUM : \$ 1200.00

Third Parties:

Claimant:

Surveyor:

Workshop: Twincar Automotive Pte Ltd

ASSIGNMENT (Office)

From (Person): TEO YI XUAN of LAW Date/Time: 13/8/2021 7:42 PM

Estimated Cost: _____ Bill to: _____

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: SJQ 6910B

Insured: SJZ 6549P

at Workshop m/s **TWINCAR AUTOMOTIVE PTE LTD**

Tel: 6744 0510

of 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB

Policy No: T140.108567.18

Claim No: 2020001741

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26-04-2018

(Client's Record)

11-09-21 3P.M

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 3____ 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)

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 _____