

REF: CS/LAW21008971/Atf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): ESTHER of LAW Date/Time: 26/8/2021 9:47 AM

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 7350.00

Third Parties:

Claimant:

Surveyor:

Workshop: **APEX MOTORING**

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SLJ 2794J

Insured: GBG 8929H

at Workshop m/s **APEX MOTORING**

Tel: 9619 4055

of 25 KAKI BUKIT ROAD 4 #01-55 SYNERGY @ KB SINGAPORE 417800.

Policy No: MT/1028618-002/MX

Claim No: DV/SCN/2020/221063/ntuc/es

Sum Insured:

Excess:

Make of Veh:

D.O.A. 18/01/2019

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 12/1/2022 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original 6 ____ days)

Date/Time: 13/1/2022 Submit Final Fig L/S 4900, 4 days (Red \$2460 /33 %; 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 _____