

REF: CS/INC21009094/Gqf3

Special Instruction:

L/SUM : \$ 31,100.00

Third Parties:

Claimant:

Surveyor: PAR AUTOMOTIVE

Workshop: N-51 AUTOMOTIVE PL

ASSIGNMENT (Office)

From (Person): SITI MARINA of INC Date/Time: 30/8/2021 4:12 PM

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLF 2167R

Insured: SBV 101C

at Workshop m/s N-51 Automotive Pte Ltd

Tel: 6744 0510 / 98575300

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

Policy No:

Claim No: MT/0993921-005/TTK

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10/05/2018

(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 14 days)

Date/Time: 15/10/21 Submit Final Fig. LS \$13100, 13 days (Red \$18000 / 58 %; Original 14 days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
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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 15/10/21 File Pass to Typist

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 _____