

REF: CS1/LAW21009311/R1uf3

Special Instruction:

L/SUM : \$ 3,700.00

ASSIGNMENT (Office)

From (Person): JOYCE OOI of LAW Date/Time: 3/9/2021 6:16 PM
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: YONG SENG HENG MOTOR SERVICES

OD/TP Re-inspection	Evaluation
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To Inspect Vehicle No: FBN 8491R Insured: GK 2211D

at Workshop m/s YONG SENG HENG MOTOR SERVICES Tel: 656 3976

of NO. 5 SOON LEE STREET #01-12 PIONEER POINT

Policy No: IN.514321J(W) Claim No: PYK1/JO1/966490

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/04/2019
(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

Date/Time: 9/11/2021 Submit Final Fig \$2600, 4 days (Red \$ \$1100 / 30 %; Original 7 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: _____

Date/Time		File Pass to		File Return to		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