

REF: CS1/LPM21009489/Gqf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): ALEXANDRA NEO of LPM Date/Time: 9/9/2021 12:16 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: DROP-ARM BARRIER Insured: DCC 5677

at Workshop m/s _____ Tel: _____

of

Policy No: _____ Claim No: 20/21/21/VC10/336303

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/08/2021
(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: _____ 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:

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 _____