

REF: CS/III21009535/T1vc

Special Instruction:

LS : \$ 6,200

ASSIGNMENT (Office)

From (Person): _____ of III2 Date/Time: 13.09.2021

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor **INFINITI APPRAISAL SERVICE**

Workshop: 889 CAR SERVICING
PTE LTD

On/TP Re-inspection / Evaluation

To Inspect Vehicle No: SGV 4868M Insured: YP 617R

at Workshop m/s 889 CAR SERVICING PTE LTD Tel:

of 10 KAKI BUKIT ROAD 2 #03-34 FIRST EAST CENTRE SINGAPORE 417868

Policy No: _____ Claim No: MEL2019D0001449

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 15/11/2019

H.O.D. Endorsement/Date: _____

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

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