

REF: CS1/AGI21009983/Guf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): HANSEL ANG of AGI Date/Time: 26/9/2021 1:18 AM

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 7300.00

Third Parties:

Claimant:

Surveyor:

Workshop: Garage 13 Pte Ltd

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SFS 5671J

Insured: SLA 3283H

at Workshop m/s GARAGE 13 PTE LTD

Tel: 8797 0013

of 8 KAKI BUKIT AVE 4 #03-46 PREMIER

Policy No:

Claim No: C10008268

Sum Insured:

Excess:

Make of Veh:

D.O.A. 07-12-2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 8/10/2021 Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time: 8/10/2021 Submit Final Fig \$5550, 7 days (Red \$ 1750 / 24 %; Original 8 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 _____