

Special Instruction:

ASSIGNMENT (Office)

LS \$10,900.00

From (Person): Chee Kiong of Seah Ong Date/Time: 27.09.2021

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: Carlink Consultancy

Workshop: **Gim Tian Logistics**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: XE 3025Z Insured: SHD 9516D

at Workshop m/s Gim Tian Logistics

Tel:

Policy No: _____ Claim No: 20.28017

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18/08/2019
(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 26/11/2021 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original ____ days)

Date/Time: 26/11/2021 Submit Final Fig \$10600, 7 days (Red \$ 300 / 3 %; 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)	
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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 _____