

REF:CS/LAW21010160/Gtf3

Special Instruction:

L/SUM : \$ 15,100.00

Third Parties:

Claimant:

Surveyor:

Workshop: Equator Brotherhood

ASSIGNMENT (Office)

From (Person): JOYCE OOI of LAW Date/Time: 30/9/2021 5:44 PM

Estimated Cost: _____ Bill to: _____

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: FBL 1182P

Insured: FBD 9764A

at Workshop m/s EQUATOR BROTHERHOOD

Tel: 6384 6939

of 25 KAKI BUKIT ROAD 4 #03-19 SYNERGY @KB SINGAPORE 417800

Policy No: WAN.IN.510557.T(W) [KEN-Legal APAC.FID261777

Claim No: PYK1/JO1/961922.Income(2857)

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26/09/2017

(Client's Record)

RI-06-10-21 3P.M

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 7 ____ 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 _____