

REF: CS1/LAW21010286/Avf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): TNG SOON CHYE of LAW Date/Time: 6/10/2021 8:35 AM

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 7,100.00

Third Parties:

Claimant:

Surveyor:

Workshop: HIAP HONG MOTOR REPAIR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: YP 7148G

Insured: JKA 5066

at Workshop m/s **HIAP HONG MOTOR REPAIR**

Tel: 6745 9633 / 9833 3989

of 2 KAKI BUKIT AVE 2 #02-13

Policy No: TSC's ref: TSC.3252.Accid.201

Claim No: CF/LHP/jq/0688/20

Sum Insured:

Excess:

Make of Veh:

D.O.A. 01/10/2019

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 16/11/21 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original 5 days)

Date/Time: 16/11/21 Submit Final Fig LS \$3800, 4 days (Red \$ 3300 / 46 %; Original 5 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 _____