

REF: CS1/LAW21010700/R1qf3

Special Instruction:

L/SUM : \$8900.00

Third Parties:

Claimant:

Surveyor:

Workshop: FRIENDSHIP MOTOR CO

ASSIGNMENT (Office)

From (Person): SITI MARINA of LAW Date/Time: 18/10/2021 4:26 PM
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: JSP 6997 Insured: GBG 5028C

at Workshop m/s FRIENDSHIP MOTOR CO Tel: 6274 2122

of BLK 125 BUKIT MERAH LANE 1 #01-168 SINGAPORE 150125

Policy No: GEP.2552.08.20.ct - DC/DC 2633/2019 Claim No: MT/0990563-003/KH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/04/2018
(Client's Record)

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: _____

Date/Time		File Pass to		File Return to		Total
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