

REF: CS/LAW21012162/Dqf3

Special Instruction:

L/SUM : \$ 25,700.00

Third Parties:

Claimant:

Surveyor:

Workshop: ALDRIN AUTOMOTIVE

ASSIGNMENT (Office)

From (Person): ANITA AWI of LAW Date/Time: Fri 26/11/2021 1:46 PM

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: ~~SKE 7000J~~ SKE 666Y Insured: GBE 2499G

at Workshop m/s ALDRIN AUTOMOTIVE Tel: 9692 2220

of NO.1 KAKI BUKIT AVENUE 6 #02-22 AUTOBAY @KAKI BUKIT

Policy No: RT/EK/208/2018/zx Claim No: CP/6803/17/PD(AA).aa

Sum Insured: _____

Make of Veh: _____
(Client's Record) D.O.A. 28/07/2017

H.O.D. Endorsement/Date:

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

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