

REF: CS1/LPC21012970/Kvf3

Special Instruction:

L/SUM : \$ 13,000.00

Third Parties:

Claimant:

Surveyor:

Workshop: YEE AUTO SERVICE

ASSIGNMENT (Office)

From (Person): AU LEE TYNG of ~~LPC~~ LPM Date/Time: 22/12/2021 10:43 AM
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMP 6038P Insured: WMP 4064

at Workshop m/s YEE AUTO SERVICE

Tel: 6457 5768

of BLK 15, #01-107 SIN MING INDUSTRIAL ESTATE, SINGAPORE 575673

Policy No: _____ Claim No: 19/19/20/VP02/308070

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/11/2019

(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: 29/12/21 Submit Final Fig LS \$8400, 6 days (Red \$ 4600 / 35 %; Original 7 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 _____