

REF: CS3/ASM21010630/T1ty3e2-1

Special Instruction:

LS \$7300

Third Parties:

Claimant:

Surveyor: PAL'S APPRAISAL PL

Workshop: PROWERKZ GARAGE

ASSIGNMENT (Office)

From (Person): Cynthia Loh of ASM Date/Time: 12/01/2022
 Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To inspect Vehicle No: SMT 6433K Insured: SHC 1878S
at Workshop m/s PROWERKZ GARAGE PTE LTD Tel: 65436008 ANGELINE
of 25 KAKI BUKIT RD 4 #06-87 SYNERGY @ KB SINGAPORE 417800

Policy No: _____ Claim No: S1M03K20

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 11/10/2021

appt 17/01/22@9am ✓

H.O.D. Endorsement/Date:

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

Date/Time: 18/2 Confirmed with Final Fig _____, _____ days (Red \$_____/_____%; Original 7 days)

Date/Time: 18/2 Submit Final Fig 4600, 6 days (Red \$2700 /36 %; 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: _____

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