

REF: CS/SMO22001147/Kvf3

Special Instruction:

L/SUM : \$ 11,000.00

Third Parties:

Claimant:

Surveyor:

Workshop: SERVE YOU MOTOR SERVICE

ASSIGNMENT (Office)

From (Person): AGNES CHAN SHU HUI of SMO Date/Time: 7/2/2022 5:31 PM
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SMK 3280B Insured: GBE 1311X
at Workshop m/s SERVE YOU MOTOR SERVICE Tel: 6481 0555 / 6481 5652
of BLK 5033 ANG MO KIO IND PK 2 #01-265 SINGAPORE 569536

Policy No: _____ Claim No: CMTD2103633/AGC

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 29/09/2021

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 10 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)	
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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 _____