

REF: CS1/LPM22001514/Evf3

Special Instruction:

ASSIGNMENT (Office)

REPAIR COST : \$ 17,520.00

From (Person): ALEXANDRA NEO of LPM Date/Time: 16/2/2022 3:59 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: SKYE RENOVATION

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: WALL Insured: KCK 1378

at Workshop m/s SKYE RENOVATION

of

Policy No: _____ Claim No: 21/21/22/VC11/347132

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/11/2021
(Client's Record)

H.O.D. Endorsement/Date:

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

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

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

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
------------------------------------	---

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 _____