

REF: CS1/LPM22001514/Evf3

Special Instruction:

L/SUM : \$ 11,000.00

Third Parties:

Claimant:

Surveyor:

Workshop: LEOCH BATTERY PTE LTD

ASSIGNMENT (Office)

From (Person): ALEXANDRA NEO of LPM Date/Time: 16/2/2022 3:59 PM
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: PUBLIC LIABILITY Insured: KCK 1378

at Workshop m/s LEOCH BATTERY PTE LTD

of 1 TECH PARK CRES

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

Sum Insured: _____ Excess: _____

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

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)

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