Surveyor :

REF: CS1/LPM22001514/Lvf3

Special Instruction:

L/SUM : $ 11,000.00 X

ASSIGNMENT (Office)

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

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: LEOCH BATTERY PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: WALL Insured: KCK 1378

at Workshop m/s LEOCH BATTERY PTE LTD Tel: _____

of 1 TECH PARK CRES

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

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 31/8/2021

(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

Date/Time: 22/3/22 **Submit Final Fig** $17,000 , -___**days (Red $** 520 / 3 **%; Original**___**days)**

Date/Time	Action/Instruction
	KCK 1378- X
	PUBLIC LIABILITY - CS/AWA22001260/Vqf3 DOA : 07/02/2022

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:	*Date:*
Basic & Add	
Transport	
Photos	
Others	
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 _____