

L/S: 3000 / REPAIR DAYS : 5

Special Instruction:

ASSIGNMENT (Office)

From (Person) PAULINE THAM of CTI Date/Time: 29/09/2022

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GW 2233C

Insured: GV 9904J

at Workshop m/s U883DETAILING PTE LTD

Tel: AH HUAT : 86186474

of 25 KAKI BUKIT ROAD 4 #08-47 SYNERGY @KB

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20/01/2022

(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: _____ 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: _____

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