

REF: CS1/LPM22002257/Kvy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): ALEXANDER NEO of LPM Date/Time: 07/03/2022

Estimated Cost: _____ Bill to: _____

LS \$ 11266.24 / 7 DAYS

Third Parties:

Claimant:

Surveyor: CA APPRAISER

Workshop: AE AUTO PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMD 1720Z

Insured: JKN 1505

at Workshop m/s AE AUTO PTE LTD

Tel:

of 160 SIN MING DRIVE #06-01 SIN MING AUTOCITY SINGAPORE 575722

Policy No: _____ Claim No: 19/19/20/VP02/310912

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/06/2019
(Client's Poss.) _____

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 16/3/22 Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; Original 7 days)

Date/Time: 16/3/22 Submit Final Fig \$5251.81, 5 days (Red \$6014.43/ 53%; 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 _____