

REF: CS1/LPC22002262/Uvy3

Special Instruction:

ASSIGNMENT (Office)

LS : \$ 4250 / 4DAYS

From (Person): CHEW SHIN LING of LONPAC Date/Time: 07/03/2022

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

OD/TP Re-inspection	Evaluation
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Surveyor: CONSTANT APPRAISER

To Inspect Vehicle No: GBC 4920D

Workshop: LIU'S BROTHER AUTO

at Workshop m/s **LIU'S BROTHER AUTO**

Insured: PUBLIC LIABILITY

of 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT SINGAPORE 417883

Policy No:

Claim No: 15/16/18/LL00/003322

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10/05/2016

(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 7 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>)
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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 _____