

REF: CS1/SCD22002547/Rqy3

Special Instruction:

From (Person): RALF TAY GIM CHYE of SCDF Date/Time: 18/03/2022
Estimated Cost: _____ Bill to: _____

LS : 9772.77 / ? DAYS

Third Parties:

Claimant:

Surveyor:

Workshop: KAH MOTOR.CO.SDN.BHD

OD/TP Re-inspection	Evaluation
<p>1. Inspect the OD/TP for any visible damage or wear.</p> <p>2. Check the OD/TP for any leaks or abnormal sounds.</p> <p>3. Verify the OD/TP is properly secured and fastened.</p> <p>4. Confirm the OD/TP is in good working order.</p>	<p>1. Evaluate the condition of the OD/TP.</p> <p>2. Determine if the OD/TP meets the required standards.</p> <p>3. Record the results of the inspection.</p> <p>4. Provide a final assessment of the OD/TP.</p>

To Inspect Vehicle No: SLW 676L Insured: QX 1253C

at Workshop m/s KAH MOTOR CO.SDN.BHD

of 6A MANDAI ESTATE SINGAPORE 729903

Policy No: _____ Claim No: S1M03N44

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 25/11/2021

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 7 ____ 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 _____