

REF: CS/LAW22003788/Dvy3e2

Special Instruction:

ASSIGNMENT (Office)

From (Person): VITHYANAGAN PANDIAN or KELVIN CHIA PARTNERSHIP Date/Time: 07/04/2022
Estimated Cost: _____ Bill to: _____

LS : \$6600 / 4 DAYS

Third Parties:

Claimant:

Surveyor: AUTOMAX SURVEY

Workshop: D'S GRAFFITTI CONCEPTS
PTE LTD

On/TP Re-inspection Evaluation

To Inspect Vehicle No: SKN 3080U Insured: FBL 409T

at Workshop m/s D'S GRAFFITI CONCEPTS PTE LTD

50 SERANGOON NORTH AVENUE 4 # 02-19 FIRST CENTER

Policy No: _____ Claim No: 2021000598

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 30/10/2019

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 _____