

REF: CS1/LPM22004072/Kvy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Haniff of LPM Date/Time: 29/4/22
Estimated Cost: _____ Bill to: _____

Third Parties: LS \$7600

Claimant:

Surveyor: Absolute Appraisal

Workshop: City Auto

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJX 9281B Insured: JLD 7270

at Workshop m/s City Auto Pte Ltd

of Blk 8 sin ming Ind est #01-60/62 (s) 575643

Policy No: _____ Claim No: 19/19/21/VP02/342686

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24/11/2019
(Client's Record)

(Client's Record)

D.O.A. 24/11/2019

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

H.O.D. Endorsement/Date:

Date/Time: 6/5/22 Confirmed with Final Fig , days (Red S / %; Original days)

Date/Time: 6/5/22 Submit Final Fig LS \$4450, 6 days (Red \$ 3150 / 41%; Original 8 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 _____