

REF: CS1/SCD22004447/Eqy3

Special Instruction:

ESTIMATED COST OF REPAIR : \$ ~~2700.00~~

2608.35

ASSIGNMENT (Office)

From (Person): RALF TAY of SCDF Date/Time: 11/05/2022
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: CYCLE & CARRIAGE
AUTOMOTIVE PTE LTD

OD/TP Re-inspection	Evaluation
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To Inspect Vehicle No: SNE 5045X Insured: QX 2143E

at Workshop m/s CYCLE & CARRIAGE AUTOMOTIVE PTE LTD

of 209 PANDAN GARDENS SINGAPORE 609339

Policy No: _____ Claim No: 2022 - 49

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) D.O.A. 10/05/2022

H.O.D. Endorsement/Date:

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

Date/Time: 12/05/08 Confirmed with Final Fig , days (Red \$ / %; Original days)

Date/Time: 18/05/22 Submit Final Fig 2608.35, 3 days (Red \$ 0 / 0 %; 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:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 18/05/22 File Pass to Typist

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 _____