

REF: CS1/LAW22004577/AvC

Special Instruction:

ASSIGNMENT (Office)

From (Person): Sherlyn of Riaz LLC Date/Time: 13/05/2022

LS \$4,800.00

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: Advanced Automotive

Workshop: Equator Brotherhood

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FBP 3800E Insured: FBN 1822R

at Workshop m/s Equator Brotherhood Tel: 9011 3391

of 25 Kaki Bukit Road 4 #03-19

Policy No: _____ Claim No: WAN.514726.J

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/10/2019
(Client's Record)

(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 4 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)	
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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 _____