

CS1/LPM22004666/Rty3

Special Instruction:

ASSIGNMENT (Office)

P/P : \$ 7430.37 / 10 DAYS

From (Person): LILLIAN SIM of LPM Date/Time: 17/05/2022

Estimated Cost: _____ Bill to: _____

Bill to:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLV 7873T Insured: JQM 5848

at Workshop m/s _____ MING HUA AUTO SERVICES

Tel:

of 160 SIN MING DRIVE #02-16 SIN MING AUTO CITY SINGAPORE 575722

Policy No: _____ Claim No: _____

Claim No:

Sum Insured: _____ Excess: _____

Excess:

Make of Veh: _____ D.O.A. 18/02/2018
(Client's Record)

(Client's Record)

D.O.A. 18/02/2018

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 <i>R or UB, LR, Etc</i>)
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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:	
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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 _____