

CS|NAW22004696|ATC

Special Instruction:

LS \$15,000

ASSIGNMENT (Office)

From (Person): Christopher of TKQP Date/Time: 11/5/2022
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: PAL'S

Workshop: Hua Meng

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMP 1423T Insured: BLF 9266

at Workshop m/s Hua Meng Tel: 6747 8064

of 1 Kaki Bukit Ave 6 #01-61

Policy No: _____ Claim No: CF.dm.0539.22-fmcm

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 31/01/2020

(Client's Record)

17/6/2022 1pm - 2pm

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 16 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 _____