

REF: CS3/ASM22003106/Gqy3-1

Special Instruction:

LS 19,000.00

ASSIGNMENT (Office)

From (Person): Yvonne Ang of AXA Date/Time: 01.06.2022

Estimated Cost: _____ Bill to: _____

[illegible]

To Inspect Vehicle No: GBF 3565L Insured: SHC 1307Z

at Workshop m/s Sheng Li Lai Tel: 91119222 Mr Low

of No. 2 Kaki Bukit Ave 2 #01-36

Policy No: _____ Claim No: S2M03XM0

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02.04.2022
(Client's Record)

(Client's Record)

15.06.2022 11am

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; Original ____ days)

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____/____%; Original 12 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 _____