

REF: CS1/LPM22006306/Tvy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): AU LEE TYNG of LPM Date/Time: 30/06/2022
Estimated Cost: _____ Bill to: _____

P/P :\$ 8828.10 ; 5 DAYS

Third Parties:

Claimant:

Surveyor: PROMINENT APPRAISER

Workshop: GLOCKEWERKE

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SKT 318Z Insured: JMY 4034

at Workshop m/s **GLOCKEWERKE**

of 25 Kaki Bukit Road 4 #06-53 SYNERGY @ KB

Policy No: _____ Claim No: 22/22/22/VC11/351890

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 18/04/2022

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 *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 _____