

REF: CS1/SCD22007013/Eqy3

Special Instruction:

ASSIGNMENT (Office)

\$8444.00

From (Person): RALF of SCD Date/Time: 19/07/2022

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Third Parties:

Claimant:

Surveyor: REPUBLIC AUTO

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLS 2665B Insured: QX 1504D

at Workshop m/s REPUBLIC AUTO

Tel:

of

Policy No: \_\_\_\_\_ Claim No: 2022 - 18

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 09/03/2022  
(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! \_\_\_\_ days)

Date/Time: 25/07/22 Submit Final Fig 8444.00, 5 days (Red \$ 0 / 0 %; Original 5 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:

Date: \_\_\_\_\_

Basic &amp; Add

Transport

## Photos

Others

Total

1) Date/Time 25/07/22 File Pass to Typist

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 \_\_\_\_\_