L/S: 11,100.00 / PERIOD OF REPAIR: 12 WORKING DAYS REF: CS3/FCI22005558/Evy3-1 Surveyor: Special Instruction: ASSIGNMENT (Office) From (Person)VIC SANGHILAN F FCI2 Date/Time: Third Parties: Estimated Cost: _______ Bill to: ____ Claimant: Surveyor: OD/TP Re-inspection / Evaluation WorkshopLAY AUTO GARAGE PTE LTD To Inspect Vehicle No: SLJ 5490R Insured: SG 5069H at Workshop m/s LAY AUTO GARAGE PTE LTD Tel: of 48 TOH GUAN ROAD EAST #02-104 SINGAPORE 608586 Policy No: D-19094111MFB Claim No: <u>D22001780MFBP</u> Sum Insured: Excess: Make of Veh: D.O.A. 09/06/2022 (Client's Record) H.O.D. Endorsement/Date: Person Contacted: ______ Vehicle IN / OUT Date/Time: Date/Time: _____ Confirmed with _____ Final Fig _____, __days (Red \$___/_%; Original__days) Date/Time: _____ Submit Final Fig ______, __days (Red \$____/_%; Original __days) Date/Time Action/Instruction 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 Date: Market Value Fee Charged: Inspected/ Basic & Add Evaluated by: Salvage Value:_____ Transport Photos Others Nett Value Total 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_____