

Server:

Special Instruction:

Date/Time:

Claimant:

Surveyor:

Workshop LAY AUTO GARAGE PTE LTD

Insured: **SG 5069H**

Tel:

of 48 TOH GUAN ROAD EAST #02-104 SINGAPORE 608586

Claim No: D22001780MFBP

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 09/06/2022

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 ____ days)

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 & Add

Transport

Photos

Others

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 _____