

REF: CS1/SPF22009224/Egy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): HAFIZUL FARHAN of SPF Date/Time: 19/09/2022

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

L/SUM: \$ 6,300

Third Parties:

Claimant:

Surveyor: Impact Analysis

Workshop: ASSURE AUTO ASSIST

OD/TP Re-inspection	Evaluation
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To Inspect Vehicle No: SKH 8255G

Insured: GBB 9369T

at Workshop m/s ASSURE AUTO ASSIST PTE LTD

Tel:

of 23 TUAS AVENUE 18 SINGAPORE 638902

Policy No:

Claim No: ACS/105/009/2022/027

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20/05/2022

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 22/09/22 Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_ days (Red \$ \_\_\_\_/\_\_\_\_%; Original \_\_\_\_ days)

Date/Time: 22/09/22 Submit Final Fig LS \$5400, 4 days (Red \$ 900 / 14 %; Original 4 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:*

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

Basic &amp; Add

Transport

## Photos

Others

Total

1) Date/Time 22/09/22 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 \_\_\_\_\_