

REF: CS1/ICA22009496/Tqy3

Special Instruction:

ASSIGNMENT (Office)

RM 2295.42

From (Person): GAN LIP TAT of ICA Date/Time: 22/09/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: NDH 9465

Insured:

at Workshop m/s TRANSPORT AUTO SUPP

Tel:

of

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original ____ days)

Date/Time: 17/10/22 Submit ~~Final Fig~~ RM1043.63, 1 days (Red \$1251.79/ 55 %; 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)	
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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 17/10/22 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 _____