

REF: CS/LIP22009651/Rvy3

Special Instruction:

ASSIGNMENT (Office)

LS : 12750 / 9 DAYS

From (Person): ESTHER CHEAH of LIP Date/Time: 30/09/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: AUTO PERFORMANCE APPRAISAL

Workshop: T & S MOTOR SERVICE

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: SLH 8740K Insured: SNC 4609L

at Workshop m/s T & S MOTOR SERVICE

Tel:

of BLK 5035 ANG MO KIO INDUSTRIAL PARK 2 #01-357 SINGAPORE 569538

Policy No: _____ Claim No: AVS22/1658

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18/06/2022
(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 \$____/____%; Original ____ days)

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

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

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