

REF: CS1/LPM22009657/Kqy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): LILLIAN SIM of LPM Date/Time: 01/09/2022
Estimated Cost: _____ Bill to: _____

COR : \$8210.80 / 7 DAYS

Third Parties:

Claimant:

Surveyor: PRO-OPTION SERVICES

Workshop: EDWIN GARAGE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMM 6456G Insured: NH 451

at Workshop m/s

of 5032 ANG MO KIO INDUSTRIAL PARK 2 #01-295 ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE 569535

Policy No: _____ Claim No: 19/19/22/VC10/344463

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/12/2019
(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 10/11/22 Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time: 10/11/22 Submit Final Fig \$5600.40, 6 days (Red \$ 2610.40 / 32 %; Original 7 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

MALAYSIA

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 10/11/22 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 _____