

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:

at Workshop m/s EDWIN GARAGE Tel: _____

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: _____ 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: _____

Date/Time		File Pass to		File Return to		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