

REF: CS3/LPC22006903/Acy3-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): GERALD POH of GERALD POH Date/Time: 27/10/2022

Estimated Cost: _____ Bill to: _____

LS : \$40900

Third Parties:

Claimant:

Surveyor: C L APPRAISER

Workshop: BOOST AUTOMOTIVE
PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBH 9503R Insured: GBF 380Y

at Workshop m/s BOOST AUTOMOTIVE PTE LTD Tel:

of 1 KAKI BUKIT AVE 6 #01-68 AUTOBAY SINGAPORE 417883

Policy No: _____ Claim No: 21/22/22/VC05/026047

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18/07/2022
(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 _____