

REF: CS1/LIP22011309/Dvy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): PATRICK YONG of LIBERTY Date/Time: 08/11/2022

Estimated Cost: _____ Bill to: _____

LS : \$9300 / 10 DAYS

Third Parties:

Claimant:

Surveyor: IMPACT ANALYSIS

Workshop:

~~ECO AUTOMOBILE~~
CLAIMS & REPAIR PTE LTD

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SML 4089B Insured: SNE 4737P

at Workshop m/s ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD Tel:

of 15 KAKI BUKIT ROAD 4 #01-53 BARTLEY BIZ CENTRE SINGAPORE 417808

Policy No: _____ Claim No: DVS22/0075

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/06/2022
(Client's Name)

(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 _____

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time

4) Date/Time

6) Date/Time

File Return to

File Return to

File Return to