

REF: CS3/CTI22000819/p3-1

Special Instruction:

L/SUM: 23,000

ASSIGNMENT (Office)

From (Person): PAULINE THAM of CTI Date/Time: _____

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: WG APPRAISAL SERVICES

Workshop: MAX MOTORS

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLQ 305P Insured: GBJ 2541R

at Workshop m/s **MAX MOTORS**

of 1 KAKI BUKIT AVE 6 #01-98 SINGAPORE 417883

Policy No: _____ Claim No: SNM22D200484/C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18/01/2022
(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 _____

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