

REF: CS1/SPF23000596/Dvy3

Special Instruction:

From (Person): TEO WEE LOONG ALAN of SPF Date/Time: 16/01/2023
Estimated Cost: _____ Bill to: _____

ASSIGNMENT (Office)

Third Parties:

Claimant:

Surveyor:

Workshop: EURO INDUSTRIES
PTE LTD

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SKZ 2048H Insured:

at Workshop m/s EURO INDUSTRIES PTE LTD

of 10B JALAN AMPAS S329512

Policy No: _____ Claim No: MHASPF06000125174

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A.
(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 _____