

REF: CS1/LAW23001501/Any3

Special Instruction:

LS : \$7100 / 7 DAYS

Third Parties:

Claimant:

Surveyor:

Workshop: TEAM AUTOPRO

ASSIGNMENT (Office)

From (Person): CHUA LI SUAN of COMLAW Date/Time: 03/02/2023
 Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection	Evaluation
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100	100

To Inspect Vehicle No: SKT 6392T Insured: JSG 1661

at Workshop m/s TEAM AUTOPRO PTE LTD

of 160 SIN MING DR #01-14 SIN MING AUTO CITY SINGAPORE 575722

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/05/2019
(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 22/03/22 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original ____ days)

Date/Time: 22/03/23 Submit Final Fig 3900, 6 days (Red \$ 3200 / 45%; Original 7 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 _____