

REF: CS1/HSB23001991/Twp3

Special Instruction:

ASSIGNMENT (Office)

From (Person): HENG XINYI (SEAH ONG) of HSB Date/Time: 16/02/2023

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: CARLINK CONSULTANCY

Workshop: AUTO INFINITE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMV 1744K Insured: SHC 5062C

at Workshop m/s AUTO INFINITE

of 60 JALAN LAM HUAT, #05-69 CARROS CENTRE SINGAPORE 737869

Policy No: _____ Claim No: 23.30426

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/11/2021
(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; 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)	
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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 _____