

REF: CS1/LAW23002388/Twy3

Special Instruction:

LS : \$ 21150

ASSIGNMENT (Office)

From (Person): SAMANTHA CHEW of LIP Date/Time: _____

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: ABSOLUTE APPRAISAL SERVICES PL

Workshop:MJE MOTOR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJH 3334G Insured: JTF 3011

at Workshop m/s MJE MOTOR Tel: HAZEL : 64542203

of BLK 7 SIN MING IND EST SEC C #01-96 SINGAPORE 575642

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/08/2019
(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 _____