

REF: CS1/SPF23002762/Rqy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): HAFIZUL FARHAN of SPF Date/Time: 16/03/2023

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: CYCLE & CARRIAGE
AUTOMOTIVE PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMH 1495C Insured: **BARRIER**

at Workshop m/s CYCLE & CARRIAGE AUTOMOTIVE PTE LTD

of 209 PANDAN GARDENS SINGAPORE 609339

Policy No: _____ Claim No: _____ L Div

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 23/04/2019

H.O.D. Endorsement/Date:

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

Date/Time: 28/01/23 Confirmed with _____ Final Fig _____, _____ days (Red \$____/____%; Original 7 days)

Date/Time: 28/04/23 Submit Final Fig \$13568.66, 10 days (Red \$ 500 / 4 %; Original 10 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 28/04/23 File Pass to Typist

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____