

CS1/SPF23004071/Kqy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): HAFIZUL FARHAN of SPF Date/Time: 19/04/2023

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

LS : \$1200/ 3 DAYS

*Third Parties:*

Claimant:

Surveyor: APPRAISAL VP

Workshop: TRANS-CAB AUTO  
SERVICES PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SHB 7567E Insured: YQ 3055L

at Workshop m/s TRANS-CAB AUTO SERVICES PTE LTD

of NO.2 ANG MO KIO ST 63 SINGAPORE 569111

Policy No: \_\_\_\_\_ Claim No: ACS/105/009/2022/124

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 20/12/2022  
(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 24/04/23 Confirmed with            Final Fig           ,            days (Red \$            /            %; Original 7 days)

Date/Time: 24/04/23 Submit ~~Final Fig~~ LS \$1100, 3 days (Red \$ 100 / 8 %; Original 3 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:*

Date:

Basic &amp; Add

Transport

## Photos

Others

Total

1) Date/Time 24/04/23 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 \_\_\_\_\_