

REF: CS1/LIP23004399/Tny3

Special Instruction:

ASSIGNMENT (Office)

LS : \$8300

From (Person): ESTHER CHEAH of LIBERTY Date/Time: 28/04/2023

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLG 5532U Insured: YN 7140M

at Workshop m/s A-TEC AUTOMOTIVE PTE LTD

Tel:

of 8 KAKI BUKIT AVE 4 #05-27 PREMIER SINGAPORE 415875

Policy No: _____ Claim No: AVS22/2322

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 12/08/2021

H.O.D. Endorsement/Date:

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

Date/Time: 05/05/22 Confirmed with Final Fig , days (Red \$ / %; Original 7 days)

Date/Time: 05/05/23 Submit Final Fig 900, 3 days (Red \$ 7400 / 89%; 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 _____