

REF: CS1/SMR23004741/Tqy3

Special Instruction:

ASSIGNMENT (Office)

LS \$112550

From (Person): HUA YEN of SMR Date/Time: 05/05/2023

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: STRIDES AUTOMOTIVE
SERVICES PL.

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMB 5006L Insured: PUBLIC LIABILITY

at Workshop m/s STRIDES AUTOMOTIVE SERVICES P Tel: _____
of _____

Policy No: _____ Claim No: BUS/02/22/5047

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 20/02/2022

H.O.D. Endorsement/Date:

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

Date/Time: 10/07/23 Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original ¹⁰⁰ 7 days)

Date/Time: 19/07/23 Submit **Final Fig** LS \$111250, 100 days (Red \$ 1300 / 1 %; Original 100 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 19/07/23 File Pass to Typist

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 _____