

REF: CS1/LIP23004926/Dny3

Special Instruction:

LS : \$ 10250 ; 6 DAYS

Third Parties:

Claimant:

Surveyor: ALLIED AUTO

Workshop: SV AUTOWORKS PTE LTD

ASSIGNMENT (Office)

From (Person): SAM LOW of LIBERTY Date/Time: 15/05/2023
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMT 192U Insured: GBF 9355L

at Workshop m/s SV AUTOWORKS PTE LTD

of 8 KAKI BUKIT AVENUE 4 #02-24 PREMIER @ KAKI BUKIT SINGAPORE 415875

Policy No: _____ Claim No: IVS22/1257

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) D.O.A. 02/08/2022

H.O.D. Endorsement/Date:

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

Date/Time: 16/05/23 Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 7 _____ days)

Date/Time: 16/05/23 Submit Final Fig 3000, 3 days (Red \$ 7250 / 71 %; Original 6 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 _____

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 _____