

REF: CS3/CTI22012427/p3-2

Special Instruction:

L/SUM: 14.300

ASSIGNMENT (Office)

From (Person): JACQUELINE TAN of CTI Date/Time: _____

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: ABSOLUTE APPRAISAL SERVICES PL

Workshop: MJE MOTOR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKA 4013B

Insured: GBF 3376R

at Workshop m/s MJE MOTOR

Tel: 9835 0232

of BLK 7 SIN MING IND EST SEC C #01-96 SINGAPORE 575642

Policy No: DMCVSNA00106792201

Claim No: SNM22D208897/C02

Sum Insured:

Excess:

Make of Veh:

D.O.A. 11/12/2022

(Client's Record)

H.O.D. Endorsement/Date:

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

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

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____/____%; 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 _____