

REF: CS3/ASM23000223/p3-1

Special Instruction:

L/SUM: 16,000 / WORKING DAYS : 6 days

Third Parties:

Claimant:

Surveyor: C L APPRAISAL

Workshop: STK AUTO (S) PTE LTD

ASSIGNMENT (Office)

From (Person): TEO KITTY of HSBC Date/Time: 21/06/2023
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SND 2877L Insured: SHD 4728S

at Workshop m/s STK AUTO (S) PTE LTD Tel: 9461 7233
of 8 KAKI BUKIT AVE 4 #03-21 PREMIER@KAKI BUKIT SINGAPORE 415875

Policy No: VFX/P2419138 Claim No: S3M04HN0

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 04/01/2023

H.O.D. Endorsement/Date:

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

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