Surveyor :

REF: CS1/SPF24080174/Enp3 (GBD 4523L)

Special Instruction:

L/SUM: 4150 / REPAIR: 5 DAYS

ASSIGNMENT (Office)

From (Person): LAI PENGCHONG of SPF Date/Time: 08/08/2024

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: AUTOMAX SURVEY

Workshop: ENG SOON PAINTING SVC

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBD 4523L Insured: QX 1783P

at Workshop m/s ENG SOON PAINTING SVC Tel: _____

of BLK 4 YEW TEE IND EST 393 - JWOODLAND ROAD SINGAPORE

Policy No: _____ Claim No: ACS/105/009/2024/038 (CF)

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20 / 08 / 2024

(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: 13/08/24 Submit Final Fig 2150 , 4 days (Red $ 2000 / 48 %; Original 5 days)

Date/Time	Action/Instruction

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:	*Date:*
Basic & Add	
Transport	
Photos	
Others	
Total	

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 _____