Surveyor :

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

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

Estimated Cost: _____   Bill to: _____

Special Instruction:

L/SUM: 4150 / REPAIR: 5 DAYS
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: _____ Submit Final Fig _____, ___days (Red $____/___%; Original___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_____