Surveyor :

REF: CS/LIP24100163/Uqh3 (SFD 555Z)

Special Instruction:

L/SUM : $ 9,100 / REPAIR : 7 WORKING DAYS

ASSIGNMENT (Office)

From (Person): STEWART LIM of LIP Date/Time: 08/10/2024

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: C L APPRAISER PTE LTD

Workshop: TOPMAX AUTO BODYSHOP

OD / TP Re-inspection / Evaluation

To Inspect Vehicle No: SFD 555Z Insured: SGZ 6367H

at Workshop m/s TOPMAX AUTO BODYSHOP Tel: 6744 2653

of BLK 3007 UBI ROAD 1 #01-410 SINGAPORE 408701

Policy No: _____ Claim No: AVS24/2525

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14/08/2024

(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 _____