Surveyor :

REF: CS1/SCD24110466/Enp3(N)

Special Instruction:

L/SUM : 18100 / REPAIR: 9 DAYS

ASSIGNMENT (Office)

From (Person): SYABIL ISMAIL of SCD Date/Time: 21/11/2024

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: ST APPRAISAL SERVICES

Workshop: HUAT HOCK MOTOR WORKSHOP

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMC 2842D Insured: QX 1593X

at Workshop m/s HUAT HOCK MOTOR WORKSHOP Tel: _____

of BLK 3012 BEDOK NORTH AVE 4 BEDOK INDUSTRIAL PARK E #01-2054 SINGAPORE 489978

Policy No: 6000190651 Claim No: 2024 - 120

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/10/2024

(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 _____