Surveyor :

REF: CS1/LPM24070033/Evh3 (SLC 1950T)

Special Instruction:
L/SUM : $ 11481.18 / REPAIR : 8 WORKING DAYS

ASSIGNMENT (Office)

From (Person): ALEXANDER NEO of LPM Date/Time: 01/07/2024

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: ST APPRAISAL SERVICES

Workshop: YK SUPREME AUTOWERKZ

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLC 1950T Insured: JQX 6933

at Workshop m/s YK SUPREME AUTOWERKZ PTE LTD Tel: 6448 2700

of 1 KAKI BUKIT AVENUE 6, AUTOBAY #01-11 SINGAPORE 417883

Policy No: _____ Claim No: 24/24/24/VC11/411651

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21/03/2024
(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 _____