

Συμπεράσματα

ASSIGNMENT (Office)

Insured:

Tel: 64535654

Tel: 64535654

Claim No: 19/19/19/W96/298498

Excess:

D.O.A. 24.11.2019

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Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 8 days)

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____ / ____ %; Original ____ days)

Date/Time	Action/Instruction
	paper survey Assign from Malaysia UP SJJ 6315G- X

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 _____

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time File Return to

4) Date/Time File Return to

6) Date/Time _____ File Return to _____