Surveyor

REF: ~~CS1/SMO20006903/Gqf3~~ CS1/LAW20006903/Gqf3

Special Instruction:

4sum: ~~$2500.00~~ 5150

ASSIGNMENT (Office)

From (Person): Anthony Chey of SMO Date/Time: 21/7/20 10.51 a.m

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Raleigh Services

Surveyor: _____

Workshop: 833 motorsports

OD/TP Re-inspection (Evaluation) SDM 12A SKE 9073Z

To Inspect Vehicle No: ~~SKE 9073Z~~ Insured: ~~SDM 12A~~

at Workshop m/s 833 motorsports Tel: 92330833

of 160 sin ming Drive #02-09 sin ming Autocity

Policy No: _____ Claim No: CMTDIB00811

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20. 2. 2018

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original ~~3~~ 6 days)

Date/Time: 08/07/2020 Submit ~~Final Fig~~ LS $1800, 4 days (Red $3350 / 65 %; Original 6 days)

Date/Time	Action/Instruction
	SKE 9073Z - X
	SDM 12A - X
	**Billing 50% to RIAZ; 50% to SOMPO

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 08/07/2020 File Pass to Typist

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 _____