Surveyor

REF: CS1/LIP20007077/Atf3

Special Instruction:
4Sum. $23,979.70

ASSIGNMENT (Office)

From (Person): Samantha Chew of Liberty Insurance Date/Time: 6-7-2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: Hui yang motor

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SLH 5820H Insured: JPX 4074

at Workshop m/s Hui yang Tel: 64969591

of BIK 176 Sin Ming Drive #04-02 Sinming Autocare

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12.4.2017

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 19 days)

Date/Time: _____ Submit Final Fig _____, ___days (Red $_____/___%; Original ___days)

Date/Time	Action/Instruction
	SLH 5820H - X
	JPX 4074 - 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 _____ 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 _____