

REF: CSI / ASM 2000 7095 / Qsf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Lin Yi Wen of AXA Date/Time: 7-7-2020
Estimated Cost: _____ Bill to: _____

4/Sum: \$6600.00

Third Parties:

Claimant:

Surveyor: United Appraisal And Management Pte Ltd

Workshop: 8 Paragon Me Ltd

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMG 7105 U Insured: SGQ 2703U

at Workshop m/s 8 Poragon Pte LTD
of MD 71 woodlands Ave 10 #01-10 woodlands

Policy No: _____ Claim No: 59M025W9

Sum Insured: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 1-11-2019

H.O.D. Endorsement/Date:

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

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

Date/Time: 24/07/2020 Submit Final Fig \$ 2,400.00, 3 days (Red \$ 4,200.00 / 64 %; Original 6 days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R</i> or <i>UB</i> , <i>LR</i> , <i>Etc</i>)
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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 _____