Surveyor: /

REF: CSI/LPC 20007158/Gyf3

Special Instruction: L/sum / $ 11,100.00

ASSIGNMENT (Office)

From (Person): Gerald Poh of LPC Date/Time: 9.7.2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Prestige Appraisor Servic

Surveyor: _____

Workshop: Yee Auto Services

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SMH 3945 Insured: BU 1

at Workshop m/s Yee Auto Services Tel: 64575768

of 160 Sin ming Drive #02-14 Sin ming Auto city

Policy No: _____ Claim No: 19/19/20/VP02/302304

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22-12-2019

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___**days (Red $**____/___**%; Original** 7 **days)**

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

Date/Time	Action/Instruction
	SMH 3945 - X
	BU 1 - X
Done	9/7/2020

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 _____