Surveyor :

REF: CS1/SGK20007315/Qsf3

Special Instruction:

IBI $6,859.50

ASSIGNMENT (Office)

From (Person): Ryan Lim of SGK Date/Time: 14/07/2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: City Auto

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMA 2665J Insured: MCST 2948

at Workshop m/s City Auto Tel: 6452 0850

of Blk 8 Sin Ming Ind Est #01-60/62

Policy No: _____ Claim No: IA2020-50628/LER

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22/04/2020

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: 24/07/2020 **Confirmed with** Vronica **Final Fig** $ 3,721.00 , 3 **days (Red $** 3,138.60 **/** 46 **%; Original** ___ **days)**

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

Date/Time	Action/Instruction
	SMA 2665J - 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 _____