0 - 00-		DEE COLO	CV20007245/Ocf2	
Sarveyor:		REF: CS1/SGK20007315/Qsf3		Special Instruction:
Ename (Darrer)	Ryan I im	ASSI	GNMENT (Office)	IBI \$6,859.50
From (Person):	TYAII LIIII	of SGK		Third Parties:
Estimated Cost;		Bill to:	_ bate time.	Claimant:
OD/TP Re-insp	pection / Evalua	tion		Surveyor:
			Insured:MCST 294	Workshop: City Auto
at Workshop m/	/s City A	uto		
	Ming Ind Est		Tel:6452 0850	
Policy No:			Claim No: IA2020-50	628/I FR
Sum Insured:			Excess:	OZO/LLIV .
Make of Veh:			D.O.A. 22/04/20	000
(Client's Record)	. *		D.O.A22/04/20	020
				H.O.D. Endorsement/Date:
Date/Time:		Person Contacted: _	Vehicle IN / O	UT
Date/Time:	Confir	rmed with	Final Fig days	(Red \$ / %: Original daws)
Date/Time:	Submi	it Final Fig	days (Red \$	/%; Original days)
	Action/Instruction			
			7	
Para(1): Pa	arts found not	t replaced (To	highlight R or UB,	LR, Etc)
D (2)				
Para(2): Co	omments on c	consistency of da	amages (Parts Not Consi	istent: NC)
Para(3): No	ett Value			
			· ·	F. C.
]:	Market Value	<u>:</u>	Inspected/	Fee Charged: Date:  Basic & Add
Salvage Value			E-state to the	Transport
		·		Photos
	Nett Value	•		Others
(3)		ile Pass to	2) Data/T:	Total
3) Date/Time_	F	ile Pass to		
5) Date/Time	F	ile Pass to		File Return to
	1	1 433 10	6) Date/Time	File Return to