

REF: CS1/ASM20007392/Esf3

Special Instruction:

ASSIGNMENT (Office)

LS \$32,850.00

From (Person): Liu Yiwen of AXA Date/Time: 16/07/2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: Absolute Appraisal

Workshop: MJE Motor

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKJ 2933L

Insured: SJJ 3887S

at Workshop m/s _____ MJE Motor

Tel: 9225 1391

of Blk 7 Sin Ming Ind Est #01-96

Policy No:

Claim No: S9M0276C

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20/11/2019

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; Original 21 days)

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

[illegible]

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