Surveyor: (

REF: CS3 / TP 19001060 / RHf3-2

Special Instruction: 4Sum: $12500

ASSIGNMENT (Office)

From (Person): Priya of TP Date/Time: 12.6.2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: Prestige Auto

OD / TP Re-inspection / Evaluation

To Inspect Vehicle No: SKM 2117K Insured: SHA 2935P

at Workshop m/s Prestige Auto Tel: 90210057

of 191 Tanjong Katong Road

Policy No: _____ Claim No: MCT 19010436

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/01/2019

(Client's Record) Inspection:

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____ / ___%; Original 9 days)

Date/Time: _____ Submit Final Fig L/S 7000, 6 days (Red $5500 / 44 %; Original ___days)

Date/Time	Action/Instruction
	Inspection: 68 Dunearn Road
	SKM 2117K - CS3/TP 19001060/Btd3s2-1 D.O.A - 16/01/2019
	SHA 2935P - CS3/TP 19001060/Btd3s2-1 D.O.A - 16/01/2019

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 _____