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** _____, ___**days (Red $**_____/____**%; Original**___**days)**

Date/Time	Action/Instruction
	Inspection: 68 Dunearn Road
	SKM 2117K - CS3/TP19001060/Btd3s2-1 D.O.A - 16/01/2019
	SHA 2935P - CS3/TP19001060/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 _____