Surveyor:

REF: CS1/LPM20007929/Avf3

Special Instruction:

IBI $8,968.10

Third Parties:

Claimant: Owner

Surveyor: Priority Services

Workshop: MG Solution

ASSIGNMENT (Office)

From (Person): Au Lee Tyng of LPC Date/Time: 03/08/2020

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection **Evaluation**

To Inspect Vehicle No: SMG 2878E Insured: JPH 237

at Workshop m/s MG Solution Tel: _____

of 23 Kaki Bukit Ave 4 #02-03B

Policy No: _____ Claim No: 19/19/19/vp02/299734

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06/12/2019

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___**days (Red $**____/___**%; Original** 06 **days)**

Date/Time: 12/8/20 **Submit Final Fig** LS $4300, 6 **days (Red $** 4668.10 / 52 **%; Original** 6 **days)**

Date/Time	Action/Instruction
	SMG 2878E - X
	JPH 237 - 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 _____