Surveyor :

REF: CS1/LPM20009719/Gvd3

Special Instruction:

IBI $14,162.69

Third Parties:

Claimant: Owner

Surveyor: CA Appraiser

Workshop: AE Auto

ASSIGNMENT (Office)

From (Person): Au Lee Tyng of LPC Date/Time: 11/09/2020

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / **Evaluation**

To Inspect Vehicle No: SKN 3669Y Insured: JNG 1037

at Workshop m/s AE Auto Tel: 9382 5367

of 160 Sin Ming Drive #06-01

Policy No: _____ Claim No: 17/18/18/VS29/263397

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/03/2018

(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

Date/Time: 18/9/20 **Submit Final Fig** LS $4450 , 10 **days (Red $** 9712.69 / 69 **%; Original** 10 **days)**

Date/Time	Action/Instruction
	SKN 3669Y - CS/AXA17013490/Svbe2 DOA: 08/07/2017
	JNG 1037 - X
17/9/20	Check with Guo Qiang X items change to ?

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 _____