Surveyor:

REF: CS/LAW20010351/ f3

Special Instruction:

LS $4,500.00

ASSIGNMENT (Office)

From (Person): Siti Marina of Low Yeap Toh Date/Time: 25/09/2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: Aeon Auto

Workshop: Miracle Workz

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJV 3354A Insured: SJS 8803E

at Workshop m/s Miracle Workz Tel: 6468 3096

of 48 Toh Guan Road East #04-126

Policy No: _____ Claim No: GEP.1902.12.19.CT

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/10/2018

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___**days (Red $**____/___**%; Original** 6 **days)**

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

Date/Time	Action/Instruction
	SJV 3354A - X
	SJS 8803E - 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_____