Surveyor

REF: CS3/CT1 19018573/Gtf3-1

Special Instruction:
4Sum: $ 12800-00

Third Parties:
Claimant:
Surveyor:
Workshop:

ASSIGNMENT (Office)

From (Person): Lionel of CT1 Date/Time: 19-11-2020
Estimated Cost: Bill to:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKP 3560R Insured: SKV 415R
at Workshop m/s M-Tech Motor Tel:
of BIK 9005 Tampines Street 93 #01-252
Policy No: Claim No:
Sum Insured: Excess:
Make of Veh: D.O.A. 14-10-2019
(Client's Record) Reinspection: 10a.m 24/NOV/2020

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT
Date/Time: Confirmed with Final Fig ___, ___days (Red $___/___%; Original___days)
Date/Time: Submit Final Fig ___, ___days (Red $___/___%; Original___days)

Date/Time	Action/Instruction
	SKP 3560R - CS3/CT1 19018573/HCd302 D.O.A - 14/10/2019
	SKV 415R - CS3/CT1 19018573/HCd302 D.O.A - 14/10/2019

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