

REF: CS1/ASM20013524/Gvf3

Special Instruction:

L/SUM :\$ 21,300.00

Third Parties:

Claimant:

Surveyor:

Workshop: N-51 Automotive Pte Ltd

ASSIGNMENT (Office)

From (Person): OH VALE of AXA Date/Time: 08-12-2020

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection	Evaluation
1. Inspect the OD/TP for any visible damage or wear.	1. Check the OD/TP for any visible damage or wear.
2. Measure the OD/TP dimensions to ensure they meet the required specifications.	2. Measure the OD/TP dimensions to ensure they meet the required specifications.
3. Inspect the OD/TP for any signs of corrosion or rust.	3. Inspect the OD/TP for any signs of corrosion or rust.
4. Check the OD/TP for any signs of leakage or fluid loss.	4. Check the OD/TP for any signs of leakage or fluid loss.
5. Inspect the OD/TP for any signs of abnormal vibration or noise.	5. Inspect the OD/TP for any signs of abnormal vibration or noise.
6. Check the OD/TP for any signs of abnormal temperature rise.	6. Check the OD/TP for any signs of abnormal temperature rise.
7. Inspect the OD/TP for any signs of abnormal pressure drop.	7. Inspect the OD/TP for any signs of abnormal pressure drop.
8. Check the OD/TP for any signs of abnormal flow rate.	8. Check the OD/TP for any signs of abnormal flow rate.
9. Inspect the OD/TP for any signs of abnormal oil level.	9. Inspect the OD/TP for any signs of abnormal oil level.
10. Check the OD/TP for any signs of abnormal oil pressure.	10. Check the OD/TP for any signs of abnormal oil pressure.

To Inspect Vehicle No: GBG 7668S Insured: SJQ 71L

at Workshop m/s N-51 Tel: 6744 0510 / 98575300

of 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB

Policy No: _____ Claim No: SOM02F56

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03-02-2020
(Client's Record)

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 21/5/21 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original 13 days)

Date/Time: 21/5/21 Submit Final Fig LS 14,700, 12 days (Red \$ 6600 / 31 %; Original days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)	
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Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

1) Date/Time _____ File Pass to _____

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____