Surveyor :

REF:CS/ASM20013524/Avf3

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

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: S0M02F56

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03-02-2020

(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

Date/Time: _____ Submit Final Fig _____, ___days (Red $_____/___%; Original___days)

Date/Time	Action/Instruction
	GBG 7668S- NA/CTI20001835/h4 DOA : 03/02/2020
	SJQ 71L- NA/CTI20001835/h4 DOA:03/02/2020

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 _____