

REF: CS/ASM20013745/d3

Special Instruction:

ASSIGNMENT (Office)

From (Person): CHAN KIAN of ASM (AXA) Date/Time: 11/12/2020

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJF 9982G Insured: SHD 105R

at Workshop m/s **TRANSCAB AUTO**

of NO.2 AMK STREET 63

Policy No: _____ Claim No: S0M02C7V

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03/01/2020
(Client's Record)

Workshop: **TRANSCAB AUTO**

Third Parties:

Claimant:

Surveyor:

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)

[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)

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 _____

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 _____