

Surveyor:

REF:

Special Instruction:

ASSIGNMENT (Office)

From (Person): ONG LI LI of LPC Date/Time: 06/01/2021

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: MJE MOTOR

Of TP Re-inspection / Evaluation

To Inspect Vehicle No: YN 8114H Insured: GBC 9923M

at Workshop m/s MJE MOTOR Tel: _____
of BLK 7 SIN MING IND. EST.#01-76

Policy No: _____ Claim No: 20/20/20/VC05/023622

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03/09/2020
(Client's Record)

20 JANUARY 2021@ 10AM

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
	YN 8114H-CS3/LPC20009444/Gtf3e2-1 DOA: 03/09/2020
	GBC 9923M-CS3/LPC20009444/Gtf3e2-1 DOA: 03/09/2020

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 _____