Surveyor :

REF: CS3/ASM18013478/Aqf3-1

Special Instruction:

L/SUM : $5100

## ASSIGNMENT (Office)

From (Person): WONG WEE FU of AXA Date/Time: 01-02-2021

Estimated Cost: _____ Bill to: _____

*Third Parties:*

Claimant: _____

Surveyor: _____

Workshop: TWINCAR AUTOMOTIVE PTE LTD

**OD/TP Re-inspection / Evaluation**

To Inspect Vehicle No: GBE 5437R Insured: GBF 350J

at Workshop m/s TWINCAR AUTOMOTIVE PTE LTD Tel: _____

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

Policy No: _____ Claim No: S8M00QH5

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/07/2018

**(Client's Record)**

H.O.D. Endorsement/Date: _____

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

**Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 6 days)**

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

| Date/Time | Action/Instruction |
|---|---|
| | GBE 5437R- CS3/ASM18013478/Az4be2 DOA:30/07/2018 |
| | GBF 350J- CS3/ASM18013478/Az4be2 DOA:30/07/2018 |

**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 _____