Surveyor :

REF: CS/III20013534/Ktf3e2-2

Special Instruction:

L/SUM: $8400

ASSIGNMENT (Office)

From (Person): DHANYA of III Date/Time: 25/2/2021 3:21 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: Sau Hock Motor Service

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLE 1874U Insured: SHA 3564U

at Workshop m/s Sau Hock Motor Service Tel: 91098638

of Blk. 10, #02 - 14 AMK Industrial Park 2A

Policy No: _____ Claim No: MCT20120122

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05-12-2020

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 9 days)

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

Date/Time	Action/Instruction
	SLE 1874U- CS3/III20013534/Gtf3e2-1 DOA : 05/12/2020
	SHA 3564U -CS/III20013534/Ktf3e2-2 DOA :05/12/2020

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 _____