Surveyor :

REF: CS3/ASM20011319/Etf3-1

Special Instruction:
L/SUM : $ 15,500.00

ASSIGNMENT (Office)

From (Person): CHEN XIN YOU of AXA Date/Time: 1/3/2021 2:20 PM

Estimated Cost: _____ Bill to: _____

Third Parties:
Claimant: _____
Surveyor: _____
Workshop: PRECISE AUTO

OD / TP Re-inspection / Evaluation

To Inspect Vehicle No: SKD 4573K Insured: PA 6540Z

at Workshop m/s PRECISE AUTO SERVICE Tel: 6745 7367 / 6745 8024

of No. 1 Kaki Bukit Avenue 6 #02-34/36

Policy No: _____ Claim No: S0M02VLT

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16-10-2020
(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 12 days)

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

Date/Time	Action/Instruction
	SKD 4573K- CS3/ASM20011319/Esf3s2 DOA :16/10/2020
	PA 6540Z- CS3/ASM20011319/Esf3s2 DOA :16/10/2020

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 _____