Surveyor: GUO QIANG | REF: CS3/CTI18000820/Gtd3-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): AMBROSE LEE of LLC Date/Time: 23/12/2020

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor:

Workshop: HALLAND MOTOR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: BICYCLE Insured: SJZ 854Y

at Workshop m/s HALLAND MOTOR Tel:

of 1 KAKI BUKIT AVE 6 # 02-24

Policy No: Claim No: BRR/SIC/AL/7976//19

Sum Insured: Excess:

Make of Veh: D.O.A. 28/12/2017

(Client's Record)

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
	BICYCLE
	SJZ 854Y-CS3/CTI18000820/Gtd3-1 DOA: 28/12/2017

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