

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 **10,179.00**, _____ days (Red \$ **1131** / **10** %; Original _____ days)

Date/Time	Action/Instruction
	BICYCLE
	SJZ 854Y-CS3/CTI18000820/Gtd3-1 DOA: 28/12/2017
	NO REPAIR DAYS FOR BICYCLE FOLLOW SURVEY CONDITION AND INVOICE PARTS

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:

Basic & Add
Transport
Photos
Others
Total

Date:

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 _____