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** 10,201.00 , - **days (Red $**1109 /9.8**%; 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:	*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 _____