Surveyor :

REF: CS3/ASM20014283/Gtf3-1

Special Instruction:

L/SUM:$8900.00

ASSIGNMENT (Office)

From (Person): YVONNE ANG of AXA Date/Time: 8/3/2021 2:31 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: AUTOMOBILE INTEGRATED MANAGEMENT

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMD 3033K Insured: SLZ 5155A

at Workshop m/s AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD (AIM) Tel: 90083083

of 17B Jalan Hock Chye s 538196

Policy No: _____ Claim No: S0M02Z8V

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/12/2020

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 4 days)

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

Date/Time	Action/Instruction
	SMD 3033K- CS3/ASM20014283/Gtf3e2 DOA :17/12/2020
	SLZ 5155A- CS3/ASM20014283/Gtf3e2 DOA :17/12/2020

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 _____