

REF: CS3/ASM20014283/Gtf3-1

Special Instruction:

ASSIGNMENT (Office)

L/SUM:\$8900.00

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: 8/4/2021 Confirmed with Final Fig, days (Red \$ / %; Original 4 days)

Date/Time: 8/4/2021 Submit Final Fig L/S \$3300, 3 days (Red \$ 5600 / 62 %; Original 4 days)

[illegible]

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 _____