

REF: CS/ASM21003327/Gqf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): CHAN KIAN CHUAN of AXA Date/Time: 13/3/2021 10:08 PM

Estimated Cost: _____ Bill to: _____

L/SUM: \$18,800.00

Third Parties:

Claimant:

Surveyor: PERFEXT AUTOMOBILE

Workshop: TSL AUTO GARAGE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMF 1246R Insured: GBE 5549B

at Workshop m/s TSL AUTO GARAGE

of BLOACK 4 CHOO JIAT ROAD #12-1171 JOO JIAT COMPLEX

Policy No: _____ Claim No: S0M02XPJ

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23-11-2020
(Client's Record)

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original 7 days)

Date/Time: 14/04/21 Submit ~~Final Fig~~ **LS \$9500**, 7 days (Red \$ 9300 / 49 %; Original 7 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:

Basic & Add

Transport

Photos

Others

Total

Date: _____

1) Date/Time 14/04/21 File Pass to Typist

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____