Surveyor :

REF: CS1/LAW21003685/Gvf3

Special Instruction:

L/SUM : $8500

ASSIGNMENT (Office)

From (Person): CATHERINE LIM of LAW Date/Time: 22/3/2021 2:51 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: WAH YU AUTOMOTIVE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLD 8228U Insured: SKJ 3251P

at Workshop m/s WAH YU AUTOMOTIVE BODY WORK Tel: 9736 0862

of 176 SIN MING DRIVE #05-09 SINGAPORE 575721

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/03/2018

(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
	SLD 8228U- X
	SKJ 3251P- NA/TMI18005415/k4 DOA :13/03/2018

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 _____