Surveyor :

REF: CS1/FCI21003890/Avf3

Special Instruction:

L/SUM : $41800.00

ASSIGNMENT (Office)

From (Person): ESTHER LIM of FCI Date/Time: 25/3/2021 2:31 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: TWINCAR AUTOMOTIVE PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: BJN 8800 Insured: YM 4716C

at Workshop m/s TWINCAR AUTOMOTIVE PTE LTD Tel: 6744 0510

of 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921

Policy No: _____ Claim No: D15011774M/STVE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19-10-2015

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 10 days)

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

Date/Time	Action/Instruction
	BJN 8800 - X
	YM 4716C- X

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 _____