Surveyor:

REF: CS1/ASM21004752/Vvy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): TAN JUN HONG of AXA Date/Time: 29.11.2021

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: LUSH AUTOMOTIVE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLM 868C Insured: SHC 279C

at Workshop m/s LUSH AUTOMOTIVE Tel: _____

of 8 KAKI BUKIT AVENUE 4 #03-47 PREMIER @ KAKI BUKIT

Policy No: _____ Claim No: S1M037KW

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08/04/2021

(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: 8/12/21 **Submit Final Fig** $2750, 4 days (Red $ 2150 / 43 %; Original 4 days)

Date/Time	Action/Instruction

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 _____