Surveyor :

REF: CS3/CTI21003468/Gvf3-1

Special Instruction:

L/SUM: $13600.00

ASSIGNMENT (Office)

From (Person): PAULINE THAM of CTI Date/Time: 7/5/2021 7:08 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: BLUWEL AUTOMOTIVE SERVICE PTE LTD

OD / TP Re-inspection / Evaluation

To Inspect Vehicle No: SMX 3939S Insured: SGV 4161T

at Workshop m/s BLUWEL AUTOMOTIVE SERVICE PTE LTD Tel: 6745 2088 9755 2088 / 9216

of BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE)

Policy No: _____ Claim No: SNM21D201459/C02/THAMYL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/03/2021

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

Date/Time	Action/Instruction
	SMX 3939S- CS3/CTI21003468/Gvd3e2 DOA :13/03/2021
	SGV 4161T-CS3/CTI21003468/Gvd3e2 DOA :13/03/2021

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 _____