

REF: CS3/ASM21001924/Gtf3-1

Special Instruction:

L/SUM: \$5750.00

ASSIGNMENT (Office)

From (Person): HENG XIN YI of AXA Date/Time: 14/5/2021 11:05 AM
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: PALLADIUM AUTO SOLUTIONS PTE LTD

OD/TP Re-inspection	Evaluation
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To Inspect Vehicle No: SMD 1603D Insured: SFU 1816A

at Workshop m/s PALLADIUM AUTO SOLUTIONS PTE LTD

of 160 SIN MING DRIVE #07-11

Tel: 9004 2550

Policy No: _____ Claim No: S1M032E3

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08/02/2021
(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 6 days)

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____ / ____ %; Original ____ 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 _____ 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 _____