Surveyor: | REF: | Special Instruction:

ASSIGNMENT (Office)

From (Person): _____ of _____ Date/Time: _____

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: _____ Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. _____

(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

Date/Time: _____ Submit Final Fig _____, ___days (Red $_____/____%; Original___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_____