Surveyor :

REF: CS1/LPC21006141/Gvf3

Special Instruction:

L/SUM : $ 5600.00

ASSIGNMENT (Office)

From (Person): ONG LI LI of LPC Date/Time: 25/5/2021 6:09 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: E MOTORING

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FBN 6370U Insured: XD 9096J

at Workshop m/s E MOTRORING Tel: 6910 0369

of 2, YISHUN INDUSTRIAL STREET 1 #01-23 NORTH POINT BIZHUB SINGAPORE 768159

Policy No: _____ Claim No: 20/21/21/VC05/024182

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/01/2021

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 8 days)

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

Date/Time	Action/Instruction
	FBN 6370U- X
	XD 9096J- 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 _____