Surveyor:

REF: CS1/LPM21006346/Lvf3

Special Instruction:

L/SUM : $ 12,800.00

ASSIGNMENT (Office)

From (Person): ALEXANDER HO of LPM Date/Time: 2/6/2021 3:35 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: KIAN HOCK CONTRACTOR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: AEW 7988 Insured: PUBLIC LIABILITY

at Workshop m/s KIAN HOCK CONTRACTOR Tel: 64527109

of 50 TUAS AVENUE 11, #02-03, TUAS LOT, SINGAPORE 639107

Policy No: _____ Claim No: 19/21/21/VC11/326305

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12-01-21

(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: 13/7/21 **Submit Final Fig** $10,000, - **days (Red $** 2800 / 21 **%; Original**___**days)**

Date/Time	Action/Instruction
	AEW 7988- X
	PUBLIC LIABILITY- CS/UOI21005803/R1tf3 DOA :07/05/2021

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_____