Surveyor: GUO QIANG | REF: CS1/LAW21006368/Guf3

Special Instruction:
L/SUM : $ 17,8000.00

ASSIGNMENT (Office)

From (Person): ANTHONY CHEY of LAW Date/Time: 3/6/2021 11:28 AM
Estimated Cost: _____ Bill to: _____

Third Parties:
Claimant: _____
Surveyor: _____
Workshop: SPEED CLINIC

OD/TP Re-inspection **Evaluation**

To Inspect Vehicle No: SKD 2211T Insured: FBN 8789H
at Workshop m/s SPEED CLINIC Tel: 8163 7753
of AMK AUTOPOINT 10 ANG MO KIO IND PK 2A #02-07 S(568047)
Policy No: _____ Claim No: AC.2021.006
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 25-07-2020
(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: 14/6/2021 **Submit Final Fig** $1650 , 5 **days (Red $**16150 / 91 **%; Original** ___**days)**

Date/Time	Action/Instruction
	SKD 2211T- CS3/CTI20007809/R1vf3e2 DOA : 25/07/2020
	FBN 8789H- CS3/CTI20007809/R1vf3e2 DOA : 25/07/2020

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 _____