Surveyor :

REF: CS/LAW21006413/Utf3

Special Instruction:

L/SUM : $ 7300.00

ASSIGNMENT (Office)

From (Person): TEO WENG KIE of LAW Date/Time: i 4/6/2021 3:33 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: Team Autopro Pte Ltd

OD **TP Re-inspection** / **Evaluation**

To Inspect Vehicle No: SJX 8562Y Insured: SLS 6199D

at Workshop m/s TEAM AUTOPRO PTE LTD Tel: 6258 1955

of 160 SIN MING DR #01-14 SIN MING AUTO CITY SINGAPORE 575722

Policy No: _____ Claim No: TWK/DAQ/pkf/1729.20

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18 August 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 7 days)

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

Date/Time	Action/Instruction
	SJX 8562Y - X
	SLS 6199D- NBA/AIG20008692/Y DOA :18/08/2020

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 _____