Surveyor :

REF: CS1/AGI21006845/T1tf3

Special Instruction:

L/SUM : $ 3900.00

ASSIGNMENT (Office)

From (Person): STANLEY LAI of AGI Date/Time: 21/6/2021 12:21 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: PAUL HOE ENTERPRISE PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBF 6542H Insured: SKT 744B

at Workshop m/s PAUL HOE ENTERPRISE PTE LTD Tel: 96235068

of 1 KAKI BUKIT AVENUE 6, #01-107, AUTOBAY @ KAKI BUKIT, SINGAPORE

Policy No: _____ Claim No: C10009585

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/03/2021

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___**days (Red $**____/___**%; Original** 7 **days)**

Date/Time: 24/6/2021 **Submit Final Fig** 2350 , 6 **days (Red $** 1550 /___**%; Original**___**days)**

lump sum

Date/Time	Action/Instruction
	GBF 6542H-NA/III21004033/u DOA : 27/03/2021
	SKT 744B-NA/III21004033/u DOA : 27/03/2021

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 _____