Surveyor :

REF: CS/FCI21007322/Dqf3

Special Instruction:

L/SUM : $ 75,900.00

ASSIGNMENT (Office)

From (Person): ESTHER LIM of FCI Date/Time: 2/7/2021 6:16 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: C.S.ONG AUTO PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKW 6026K Insured: SHB 834E

at Workshop m/s C.S.ONG AUTO PTE LTD Tel: 6484 1933

of Blk 10, Ang Mo Kio Ind Park 2A., #03-08 AMK AutoPoint, 568047 Ang Mo Kio

Policy No: _____ Claim No: D21000924MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/03/2021

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 12 days)

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

Date/Time	Action/Instruction
	SKW 6026K- X
	SHB 834E-NS/INC17014266/Sqbe2 DOA : 19/07/2017
	Remark : survey at Blk 10, Ang Mo Kio Ind Park 2A, #02-16

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 _____