Surveyor :

REF: CS3/CTI20014587/Kvc-1

Special Instruction:

LUMP SUM : $ 13,300

ASSIGNMENT (Office)

From (Person): IRENE TAY of CTI Date/Time: 08.07.2021

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: IMPACT ANALYSIS CONSULTANT

Workshop: ASSURE AUTO ASSIST PTE LTD

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

To Inspect Vehicle No: SLB 5878Z Insured: XE 4761A

at Workshop m/s ASSURE AUTO ASSIST PTE LTD Tel: _____

of 14 AMK ST 63 BLK B

Policy No: _____ Claim No: SNM20D205086/C02/TANKL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/12/2020

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 9 days)

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

Date/Time	Action/Instruction

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 _____