Surveyor :

REF: CS1/LPM21007472/Gtf3

Special Instruction:

L/SUM : $ 10,000.00

ASSIGNMENT (Office)

From (Person): KO SIEW LING of LPC Date/Time: 8/7/2021 6:30 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: Teamwork Garage Pte Ltd

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJG 2594J Insured: JMH 5538

at Workshop m/s TEAMWORK GARAGE PTE LTD Tel: 6844 2475

of 53 UBI AVENUE 1 #01-24

Policy No: _____ Claim No: 18/19/19/VP02/284628

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06/05/2019

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 10 days)

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

Date/Time	Action/Instruction
	SJG 2594J- NA/INC21001512/h4 DOA : 28/01/2021
	JMH 5538- NA/CTI19008152/z4 DOA : 06/05/2019

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 _____