Surveyor :

REF: CS1/LAW21008104/Gqf3

Special Instruction:

L/SUM : $ 12,500.00

ASSIGNMENT (Office)

From (Person): JOYCE OOI of LAW Date/Time: 30/7/2021 6:43 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: Advance Automotive

Workshop: EQUATOR BROTHERHOOD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FBE 1977A Insured: SJD 5768X

at Workshop m/s EQUATOR BROTHERHOOD Tel: 6384 6939

of 25 KAKI BUKIT ROAD 4 #03-19 SYNERGY @KB

Policy No: RIAZ: LIM.512972.Q Claim No: KLS: PYK/JO1/973007

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/08/2018

(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: 20/10/21 **Submit ~~Final Fig~~** LS $10350 , 6 **days (Red $** 2150 **/** 17 **%; Original** 9 **days)**

Date/Time	Action/Instruction
	FBE 1977A - X
	SJD 5768X -NA/AIG12009662/e1 DOA : 12/05/2012

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

Note: LTA

Market Value : 7000(est)

~~Salvage~~ Value : 523(est)

Nett Value : 6477

Inspected/ Evaluated by:

Fee Charged:	*Date:*
Basic & Add	
Transport	
Photos	
Others	
Total	

1) Date/Time 26/10/21 File Pass to Typist

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 _____