Surveyor :

REF: CS/AIG21009110/Gvf3

Special Instruction:

L/SUM : $ 6,700.00

ASSIGNMENT (Office)

From (Person): BENNIE TAN of AIG Date/Time: 30/8/2021 7:29 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: CARINO AUTO CENTRE

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

To Inspect Vehicle No: SLN 9420X Insured: SKW 9360A

at Workshop m/s CARINO AUTO CENTRE Tel: 6481 7911

of BLK 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTOPOINT #02-11

Policy No: _____ Claim No: 5551265987SG-003

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03/07/2021

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

Date/Time	Action/Instruction
	SLN 9420X- X
	SKW 9360A- X

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 _____