Surveyor :

REF: CS1/LAW21009492/Gqf3

Special Instruction:

L/SUM : $ 8900.00

ASSIGNMENT (Office)

From (Person): KC of RIAZ LLC Date/Time: 9/9/2021 12:55 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: Advance Automotive

Workshop: Equator Brotherhood

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FX 9487Y Insured: SJG 7710H

at Workshop m/s Equator Brotherhood Tel: 6384 6939

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

Policy No: _____ Claim No: IN.514351.KC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/07/2018

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___ **days (Red $** ____ / ___ **%; Original** 5 **days)**

Date/Time: 12/10/21 **Submit ~~Final Fig~~** LS $1450 , 2 **days (Red $** 7450 / 84 **%; Original** 5 **days)**

Date/Time	Action/Instruction
	FX 9487Y- X
	SJG 7710H- CS/ICS17002220/Kth3k2 DOA : 29/01/2017

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 12/10/21 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 _____