

REF:

Special Instruction:

ASSIGNMENT (Office)

From (Person): _____ of _____ Date/Time: _____

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: _____ Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A.
(Client's Record)

(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)

[illegible]

| | |
|------------------------------------|---|
| Para(1) : Parts found not replaced | (To highlight <i>R or UB, LR, Etc</i>) |
|------------------------------------|---|

| 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:

Basic & Add

Transport

Photos

Others

Total

Date:

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 _____