Surveyor:

REF: CS1/LAW21010651/Gtf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): BRIJ RAI / AMBROSE LEE of LAW Date/Time: 15/10/2021 5:51 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: BICYCLE Insured: SJW 8323B

at Workshop m/s _____ Tel: _____

of _____

Policy No: CDMPG21000857 Claim No: BRR/AL/9284/21

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21/05/2021

(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

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

Date/Time	Action/Instruction
	BICYCLE -CI/TPD21008297/Nq DOA :16/04/2021
	SJW 8323B - 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_____