Surveyor:

REF: CS3/ASM21004347/Rty3e2-1

Special Instruction:

LS : $ 11,600 / 6days

ASSIGNMENT (Office)

From (Person): CHAN Kian Chuan of AXA Date/Time: 16/12/2021

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: IMPACT ANALYSIS CONSULTANT

Workshop: VFIX AUTO SERVICE PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: YN 3284H Insured: SHB 4245D

at Workshop m/s VFIX AUTO SERVICE PTE LTD Tel: _____

of 7 PENJURU CLOSE

Policy No: VFX/P2419138 Claim No: S1M036YL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 31/03/2021

(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: 8/2/2022 **Submit Final Fig** l/s 6700, 5 **days (Red $** 4900 / 42 **%; Original** 7 **days)**

Date/Time	Action/Instruction

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 _____