Surveyor: KENNETH   REF: CS/ASM21012839/Kty3

ASSIGNMENT (Office)

From (Person): OH VALE   of ASM   Date/Time: 20/12/2021

LS : $ 9,500 / 12DAYS

Estimated Cost: _____   Bill to: _____

Third Parties:

Claimant: _____

OD **TP Re-inspection** Evaluation

Surveyor: ALLIED AUTO APPRAISAL

Workshop: AESOP AUTOMOTIVE CENTRE

To Inspect Vehicle No: SMF 3084C   Insured: SHA 4293U

at Workshop m/s AESOP AUTOMOTIVE CENTRE   Tel: _____

of BLK 5032 #01-299 ANG MO KIO IND PARK 2 SINGAPORE 569535

Policy No: _____

Sum Insured: _____

Claim No: S1M03MP9

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 21/11/2021

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT   12

Date/Time: _____ Confirmed with _____ Final Fig _____, ___ days (Red $___/___%; Original 7 days)

Date/Time: 24/12 Submit Final Fig _____, ___ days (Red $___/___%; Original___days)

lump sm $5300   9   4200   44

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_____