Surveyor :

REF: CS/LAW21013047/Dqf3

Special Instruction:

L/SUM : $6050.00

ASSIGNMENT (Office)

From (Person): YA YEW KEE of LAW Date/Time: 23/12/2021 10:49 AM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: V-TECH AUTO SERVICE

OD / TP Re-inspection / Evaluation

To Inspect Vehicle No: SJM 1666K Insured: SLT 2515X

at Workshop m/s V-TECH AUTO SERVICE Tel: 6264 6211 96916364

of No.1 SOON LEE STREET #06-04/05/06/07 PIONEER CENTRE SINGAPORE 627605

Policy No: WAN.IN.516660.J Claim No: RT/CC/429/2021/yk

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 09-10-2020

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 8 days)

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

Date/Time	Action/Instruction
	SJM 1666K- X
	SLT 2515X- 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 _____