Surveyor:

REF: CS1/SMR22001994/Avy3

Special Instruction:

L/S : 4880 (6 WORKING DAYS)

ASSIGNMENT (Office)

From (Person): JOEY of SMR Date/Time: 03.03.2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: RW AUTOMOTIVE APPRAISERS

Workshop: AUTOMOBILE HUB ENTERPRISE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLU 4490P Insured: SHB 845Z

at Workshop m/s AUTOMOBILE HUB ENTERPRISE Tel: 9786 4483

of 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAY SINGAPORE 417883

Policy No: _____ Claim No: TAX/12/21/2084/JG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24/12/2021

(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: _____ Submit Final Fig _____, ___days (Red $_____/___%; Original___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 _____