Surveyor:

REF: CS1/LPM22002291/Kvy3

Special Instruction:

L/S : 31,300 (16 WORKING DAYS)

ASSIGNMENT (Office)

From (Person): AU LEE TYNG of LPM Date/Time: 11.03.2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: JDJ APPRAISERS

Workshop: RS AUTO SERVICES

OD/TP Re-inspection **Evaluation**

To Inspect Vehicle No: GBJ 7799G Insured: AHB 9333

at Workshop m/s RS AUTO SERVICES Tel: 9382 4978

of 160 SIN MING DRIVE SIN MING AUTOCITY # 06-01 SINGAPORE 575722

Policy No: _____ Claim No: 21/21/22/VC11/346669

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18/11/2021

(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_____