Surveyor :

REF: CS1/SMR22002465/Vqy3

Special Instruction:

ASSIGNMENT (Office)

From (Person): GAN KWAI LENG of SMR Date/Time: 15/03/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: ARO SURVEYORS & ADJUSTERS

Workshop: A L MOTORWERKZ

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMH 8927C Insured: SHD 6345A

at Workshop m/s A L MOTORWERKZ Tel: _____

of 8 KAKI BUKIT AVENUE 4 #02-13 S415875

Policy No: _____ Claim No: TAX/01/22/2046/JG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/01/2022

(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: 8/4/2022 **Submit Final Fig** 2050, 5 **days (Red $** 4850 / 70 **%; 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 _____