Surveyor:

REF: CS/LAW22002725/Kqc

Special Instruction:

LS $17400

ASSIGNMENT (Office)

From (Person): SAMANTHA CHEW of TKQP Date/Time: 24/03/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: Constant Appraiser Svcs

Workshop: J.L. CAR AUTO SERVICES

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBE 1305P Insured: SMQ 368X

at Workshop m/s J.L.CAR AUTO SERVICE Tel: _____

of _____

Policy No: _____ Claim No: CF.clm.1895.21-ais

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24/07/2021

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___**days (Red $**____/___**%; Original** 22 **days)**

Date/Time: 30/03/22 **Submit ~~Final Fig~~** LS $15000 , 18 **days (Red $**2400 / 14 **%; Original** 22 **days)**

Date/Time	Action/Instruction
	Survey held at 60 JALAN LAM HUAT #02-45 CARROS CENTRE
	bill to AIS

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 _____