Surveyor:

REF: CS3/ASM21004345/y3-1

Special Instruction:

L/S $9,400 / 7 WORKING DAYS

ASSIGNMENT (Office)

From (Person): Cynthia Loh of ASM Date/Time: 12/04/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: CL APPRAISER PTE LTD

Workshop: TEAMWORK GARAGE PTE LTD

OD / TP Re-inspection / Evaluation

To Inspect Vehicle No: SMX 9237U Insured: SH 6008Y

at Workshop m/s TEAMWORK GARAGE PTE LTD Tel: 6844 2475

of 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.

Policy No: _____ Claim No: S1M0378Z

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/04/2021

(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 _____