

REF: CS3/ASM22001435/Evy3-1

Special Instruction:

From (Person): TEO KITTY of AXA ASSIGNMENT (Office) Date/Time: 20/04/2022
Estimated Cost: _____ Bill to: _____

LS : \$13500 / 14 DAYS

Third Parties:

Claimant:

Surveyor: AEON AUTO CONSULTANT

Workshop: V-TECH AUTO SERVICE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLN 2328B Insured: SGT 61K
at Workshop m/s V-TECH AUTO SERVICE Tel: _____
of No.1 SOON LEE STREET #06-04/05/06/07 PIONEER CENTRE SINGAPORE 627605

Policy No: _____ Claim No: **S2M03T75**

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/02/2022
(Client's Record)

H.O.D. Endorsement/Date:

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

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

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____/____%; Original ____ days)

[illegible]

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:

Basic & Add

Transport

Photos

Others

Total

Date: _____

Date/Time		File Pass to		Date/Time		File Return to		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	