Surveyor: | REF: CS/LAW22004695/Dqc | Special Instruction:

ASSIGNMENT (Office)

From (Person): Vithyanagan (Mr) of _____ Date/Time: 18/05/2022

Estimated Cost: _____ Bill to: _____

LS $6,100.00

Third Parties:

Claimant: _____

Surveyor: United Appraisal

Workshop: MS Car Auto

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLN 5077E Insured: FBK 4801Y

at Workshop m/s MS Car Auto Tel: 6385 1838

of 8 Kaki Bukit Ave 4 #01-07

Policy No: _____ Claim No: SS/sm/2021000431 Sompo(mpd)

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/04/2019

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original 6 days)

Date/Time: _____ Submit Final Fig _____, ___days (Red $_____/___%; Original___days)

Date/Time	Action/Instruction
	SLN 5077E - NA/AIG19006591/r3 DOA: 10/04/2019
	FBK 4801Y - X

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 _____