Surveyor:

REF: CS1/LAW22004740/Utc

Special Instruction:

LS $8,850.00

ASSIGNMENT (Office)

From (Person): Raelene Soo of Willy Tay's Chamber Date/Time: 13/05/2022

Estimated Cost: _____ Bill to: India International Ins

Third Parties:

Claimant: _____

Surveyor: KM Auto

Workshop: Choon Hock

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SGC 4844G Insured: SG 1235X

at Workshop m/s Choon Hock Autocare Tel: 6453 0778

of Blk 176 Sin Ming Drive #05-03

Policy No: _____ Claim No: III.21.0065-WT/rs

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/03/2019

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___days (Red $____/___%; Original 7 days)

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

Date/Time	Action/Instruction
	SGC 4844G - X
	SG 1235X - 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_____