Surveyor:

REF: CS1/LAW22004740/Utc

Special Instruction:

ASSIGNMENT (Office)

From (Person): _____ of _____ Date/Time: 13/5/22 5:15 PM

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: 8850

Surveyor: _____

Workshop: _____

OD/TP Re-inspection / Evaluation

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

at Workshop m/s CHOON HOCK AUTOCARE PTE LTD Tel: _____

of BLK 176 SIN MING DRIVE #05-03 SIN MING AUTOCARE SINGAPORE 575721

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

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16-MAR-19

(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: 14/6/2022 **Submit Final Fig** 5600, 5 **days (Red $** 3250 / 36 **%; Original** 7 **days)**

Date/Time	Action/Instruction
	For billing purposes, it should be made to the name of our clients, India International Insurance Pte Ltd , though you may mail it to us. - Raelene Soo

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 _____