

REF: CS3/ASM21008928/Rvc-1

Special Instruction:

\$17,072.74

ASSIGNMENT (Office)

From (Person): Stacey Ng of AXA Date/Time: 10/06/2022
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: Impact Analysis

Workshop: Vfix Auto

OD TP Re-inspection / Evaluation

To inspect Vehicle No: YQ 2538S Insured: YP 7530K

at Workshop m/s Vfix Auto

of 7 Penjuru Close

Policy No: VFX/P1847906

Claim No: S1M03FLP

Sum Insured:

Excess:

Make of Veh:

D.O.A. 11/08/2021

(Client's Record)

22.06.2022 10am

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 9 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: _____

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 _____