Surveyor:

REF: CS1/LAW22005958/Kvc

Special Instruction:

LS $21,950.00

ASSIGNMENT (Office)

From (Person): Aina Yacob of Ray Louis Law Date/Time: 22/06/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: Precise Appraiser

Workshop: Team AutoPro

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SML 9228J Insured: SGW 1841D

at Workshop m/s Team AutoPro Tel: _____

of 160 SIN MING DRIVE #01-14 SIN MING AUTO CITY

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/10/2021

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___days (Red $____/___%; Original 12 days)

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

Date/Time	Action/Instruction
	SML 9228J - X
	SGW 1841D - 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_____