Surveyor : | REF: CS1/SPF22006166/Eny3 | Special Instruction:

ASSIGNMENT (Office)

From (Person): HAFIZUL FARHAN of SPF Date/Time: 12/09/2022

Estimated Cost: _____ Bill to: _____

COR : $4761.45 / 4 DAYS

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: PERFORMANCE MOTORS LTD

OD/TP Re-inspection **Evaluation**

To Inspect Vehicle No: SMW 1022E Insured: QX 1724K

at Workshop m/s PERFORMANCE MOTORS LTD Tel: _____

of 303 ALEXANDRA ROAD SINGAPORE 159941

Policy No: _____ Claim No: ACS/105/009/2022/039

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/06/2022

(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

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

Date/Time	Action/Instruction

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 _____