Surveyor:

REF: CS1/SCD22007400/Rqy3

Special Instruction:

LS : $ 3650 / 1 DAY

ASSIGNMENT (Office)

From (Person): RALF TAY of SCD Date/Time: 01/08/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: STRIDES AUTOMOTIVE SERVICES PL.

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMB 1518C Insured: QX 2310P

at Workshop m/s STRIDES AUTOMOTIVE SERVICES PL Tel: _____

of 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705

Policy No: _____ Claim No: 2022 - 62

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/05/2022

(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_____