Surveyor :

REF: CS1/AIS22007589/Kqc

Special Instruction:

LS $4,300.00

ASSIGNMENT (Office)

From (Person): Faiz Rosli of AIS Date/Time: 02/08/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: Auto Peroformace

Workshop: Sze Kang Automobile

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMG 8185G Insured: YP 4093A

at Workshop m/s Sze Kang Automobile Tel: 6481 2712

of Blk 10 Ang Mo Kio Ind Pk 2A #03-17

Policy No: _____ Claim No: 2022 22004455

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/04/2022

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___**days (Red $**____/___**%; Original** 4 **days)**

Date/Time: 12/08/22 **Submit Final Fig** LS $2200 , 2 **days (Red $**2100 /49 **%; Original** 4 **days)**

Date/Time	Action/Instruction
	SMG 8185G - X
	YP 4093A - 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 12/08/22 File Pass to Typist 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 _____