L/SUM: 16,200 /

Surveyor:

REF: CS3/ASM22002461/cy3-1

REPAIR 7 WORKING DAYS

Special Instruction:

ASSIGNMENT (Office)

From (Person): KHOR SAW THENG of ASM Date/Time: 06/09/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: A-TEC AUTOMOTIVE PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLP 8814P Insured: SKE 2420B

at Workshop m/s A-TEC AUTOMOTIVE PTE LTD Tel: _____

of 8 KAKI BUKIT AVE 4 #05-27 PREMIER SINGAPORE 415875

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/03/2022

(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_____