Serveyor:		REF: CS3/AS	M22006835/Gcy3-1	Special Instruction:	
9		AS	SSIGNMENT (Office)		
From (Person): HO WINNIE of ASM				Third Parties:	
Estimated Cost	;	Bill to:	Date Time.	Claimant:	
			i	Claimant:	
OD/TP Re-ins	pection / Evaluat	tion		Surveyor: Workshop: BLUWEL AUTOMOTI	
To Inspect Veh	icle No:_ SJR4	2R	Insured: SHA 3499		
at Workshop m	s BLUWEL A	UTOMOTIVE	Tel:		
			3/55/56 (MAIN OFFICE)	SINGAPORE 417883	
Policy No:			Claim No:		
Sum Insured:			Excess.	2	
Sum Insured:  Make of Veh: (Client's Record)			DOA 16/07/2022	DOA 16/07/2022	
(Client's Record)	(a) H		D.O.A10/07/2022		
				H.O.D. Endorsement/Date:	
Date/Time:		Person Contacted	d:Vehicle IN/	OUT	
Date/Time: _	Confir	med with	Final Fig day	s (Red \$ / %: Original daws)	
Date/Time: _	Submi	t Final Fig		/ %; Original days)	
	Action/Instruction				
			*		
Para(1) : P	arts found not	replaced (	Co highlight D ZID		
	Tould Ho	replaceu (.	To highlight R or UB,	LR, Etc)	
(					
Para(2) : C	omments on c	onsistency of	damages (Parts Not Con	-i-tt N/CO	
		one steries of	damages (Farts Not Con	sistent: No.	
Para(3): N	ett Value				
				Fee Charged: Date:	
	Market Value	:	Inspected/	Basic & Add	
				Transport	
	barvage value	:	_	Photos	
	Nett Value	:		Others	
	Fi	le Pass to		Total	
3) Date/Time	- Fi	ile Pass to			
5) Date/Time		lo Door			
-, Date I file	Fi	le Pass to	6) Date/Time	File Return to	

L/S: \$12,900 / REPAIR 12 WORKING DAYS