Surveyor :

REF: CS1/SPF22010814/Rny3

Special Instruction:

LS : $3550 / 6 DAYS

ASSIGNMENT (Office)

From (Person): HAFIZUL FARHAN of SPF Date/Time: 31/10/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: OH APPRAISAL SERVICES

Workshop: HIAP LEK AUTOMOBILE TRADING

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLF 7652Z Insured: GZ 3323D

at Workshop m/s HIAP LEK AUTOMOBILE TRADING Tel: _____

of 160 SIN MING DRIVE #05-17 SIN MING AUTOCITY SINGAPORE 575722

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/10/2022

(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: 15/12/22 **Submit Final Fig** 2100 , 5 **days (Red $** 1450 **/** 41 **%; Original** 6 **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 _____