Surveyor :

REF: CS3/CTI22003926/p3-1

Special Instruction:

L/SUM: 26,000

Third Parties:

Claimant:

Surveyor: ~~IMPACT ANALYSIS~~ CONSULTING

Workshop: GARAGE 13 PTE LTD

ASSIGNMENT (Office)

From (Person): CECILIA LEE of CTI Date/Time: 19/11/2022

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBH 7114T Insured: GBG 3201G

at Workshop m/s GARAGE 13 PTE LTD Tel: 8797 0013

of 8 KAKI BUKIT AVE 4 #03-46 PREMIER 415875 SINGAPORE.

Policy No: DMCVSNW00079072100 Claim No: SNM22D202842/C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26/04/2022

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___days (Red $____/___%; Original___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 _____