Surveyor:

REF: CS3/CTI22006973/p3-1

Special Instruction:

L/SUM: $8,500

ASSIGNMENT (Office)

From (Person) LYNN KHONG of CTI Date/Time: 09/12/2022

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: ~~PAR AUTOMOTIVE~~

Surveyor: CONSULTANCY

Workshop: ~~HIAP LEK AUTOMOBILE TRADING~~

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMD 8672H Insured: SJM 9664M

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. 19/07/2022

(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 _____