Surveyor:

REF: CS/LIP23004400/Twy3

Special Instruction:

LS : $9400 / 9 DAYS

ASSIGNMENT (Office)

From (Person): ESTHER CHEAH of LIBERTY Date/Time: 28/04/2023

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: KELVIN AUTOMOTIVE APPRAISAL

Workshop: APEX MOTORING

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMN 4834G Insured: XE 388X

at Workshop m/s APEX MOTORING Tel: _____

of 25 KAKI BUKIT ROAD 4 #01-55 SYNERGY @ KB SINGPORE 417800.

Policy No: _____ Claim No: BVS22/1361

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/11/2022

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ **Confirmed with** _____ **Final Fig** _____, ___days (Red $____/___%; Original 7 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_____