Surveyor :

REF: CS1/LIP23004926/Dny3

Special Instruction:

LS : $ 10250 ; 6 DAYS

ASSIGNMENT (Office)

From (Person): SAM LOW of LIBERTY Date/Time: 15/05/2023

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: ALLIED AUTO

Workshop: SV AUTOWORKS PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMT 192U Insured: GBF 9355L

at Workshop m/s SV AUTOWORKS PTE LTD Tel: _____

of 8 KAKI BUKIT AVENUE 4 #02-24 PREMIER @ KAKI BUKIT SINGAPORE 415875

Policy No: _____ Claim No: IVS22/1257

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02/08/2022

(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 _____