Surveyor :

REF: CS1/SPF23004953/Dny3

Special Instruction:

LS : $ 5400 / 7 DAYS

## ASSIGNMENT (Office)

From (Person): ENG CUI FEN of SPF Date/Time: 15/05/2023

Estimated Cost: _____ Bill to: _____

*Third Parties:*

Claimant: _____

Surveyor: ARC SURVEYOR & ADJUSTERS

Workshop: A L MOTORWERKZ

**OD/TP Re-inspection / Evaluation**

To Inspect Vehicle No: FU 5002E Insured: SLA 3495M

at Workshop m/s A L MOTORWERKZ Tel: _____

of 411 CHANGI ROAD SINGAPORE 419860

Policy No: _____ Claim No: ACS/105/009/2021/080

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/08/2021

(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 |
|---|---|
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**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 _____