Surveyor :

REF: CS1/LPM23007031/Rvy3

Special Instruction:

COR : $6157.30 / 7 DAYS

ASSIGNMENT (Office)

From (Person): ALEXANDER NEO of LPM Date/Time: 10/07/2023

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: _____

Surveyor: _____

Workshop: KAH MOTOR CO SDN BERHAD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMP 3080K Insured: _____

at Workshop m/s KAH MOTOR CO SDN BERHAD Tel: _____

of NO. 255 ALEXANDRA ROAD SINGAPORE 159937

Policy No: _____ Claim No: 19/19/19/VP02/296425

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14/10/2019

(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 _____