Asst. Surv: REF:

ASSIGNMENT

From: Date:

Estim Dist:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make Of Veh:

(Policy Condition)

Veh No: SJM1608D Yr Regn: 2017, May.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Suzuki SX4 S-Cross C.C 1598

Colour Green. A/C: Insured / Std / NI / NA

Sp.Reading ✓ T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TSMJYB22S00417421

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/50R17.

R: 205/50R17.

N/S	O/S

Remark: Veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

	Front	Rear
R/Bal.	06 mm	06 mm
L/Bal.	06 mm	06 mm
D.O.A.		D.O.I. 19/11/24

Survey held at N51

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC. (Total Loss)
	MV : 40K.
	PV : 26.1K.
	Nett : 13.9K.

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No (✓)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ 8 + RS. SI

Photos

Others

Report Format :