

Surveyor:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s EWI

of _____

Insured: _____

Policy No. _____

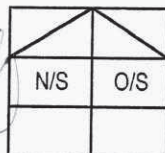
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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**

Date: _____ Person Contacted: _____

Vehicle: **IN / OUT**Veh No: GU52280 Yr Regn: MA201Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /****Truck / Trailer or**Make: Toyota ALICE c.c. 2900Colour: White A/C: **Insured / Std / NI / NA**Sp. Reading: 450937 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: LAI621001398 *Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** orBrake: **Inorder / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** orTyre Size: **F:** 185/R14**R:** _____**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or**Front****Rear**R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 26/02/2016 D.O.I. 18/02/2016

Survey held at _____

Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orNS BODY**The U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : **Preli. Report**

1)

☐ : **Final Report**

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$ _____)