

Surveyor: Adnan

ASSIGNMENT

From: _____ Date: 17/11/2016

Estimated Cost: _____

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

To Inspect Vehicle No: SKF 3645H

at Workshop m/s N-51 Automotive

of 2 Kaki Bukit Ave 2 # 01-17

Insured: _____

Policy No. _____

Claims No. _____

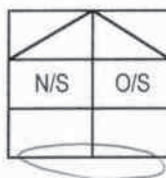
Sum Insured: _____ Excess: _____

(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 'WP'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKF 3645H Yr Regn: 05/2012

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

Truck / Trailer or

Make: Volkswagen Scirocco c.c 1390

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 69528 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW322132CV.031791

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: 235 / 40 R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm R/Bal. mm

L/Bal. 8 mm L/Bal. mm

D.O.A. D.O.I. 17/5/16

Survey held at _____

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

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

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Report Format : _____

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