Surveyor: Adrian

REF: ALG 16819643/Awg3

ASSIGNMENT

From:	Date: 19102016
Estimated Cost:	

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

To Inspect Vehicle No: SKA 2806T

at Workshop m/s N-51 Automotive

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.**

	N/S	O/S

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:

Veh No: SKA2806T.   Yr Regn: 2013, June

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

Make: Mercedes Benz E250 c.c 1991

Colour: Black   A/C: **Insured** / Std / NI / NA

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

Eng/No:

C/No: WDD2120362A779561

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: 245/40 R18

         R: 245/40R18 .

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

Front		Rear	
R/Bal. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06	mm
D.O.A.		D.O.I. 19/10/16.	

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
	T? Alg.

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

Report Format :

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

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	