(08/11/13)

Surveyor: Taylor | REF: TD | Y

ASSIGNMENT

From: _____ Date: 28.10.2016

Estimated Cost: _____

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

To Inspect Vehicle No: SKM 4327H

at Workshop m/s Wearnes

of 45 Long Kee Road.

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Kelvin.

(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: 5 days Res.: **Yes** or **No**

Lum Sum: _____ % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS / DSI

Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

Veh No: SKM 4327H Yr Regn: 2014, Feb

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

Make: Jaguar c.c 1999.

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

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

Eng/No: _____

C/No: SAJAA05M9FPY17026

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: 245/45R18

R: ~ "

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	24/10/16 (Mon)	

Survey held at Wearnes

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

Frt O/S, U/C

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

Date / Time	Action / Instruction
	~~$ 23,630.90 P/P, RED $4,943.80 / 17.30%~~ (Mon, 10/11/2018)
	P/P $ 23342.40 (Red $ 5232.30 / 18%)

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. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	