Surveyor: Taufik | REF: III | 27/11/17 | @

ASSIGNMENT

From: | Date: 22.11.2017

Estimated Cost:

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

To Inspect Vehicle No: SLF 1541A

at Workshop m/s: Motor Image

of: 25 Leng Kee Rd

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Jeff

(Policy Condition) 2pm - 4pm

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: SLF/5417 | Yr Regn: 2016 | Chg.

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

Make: Subaru Outback. | c.c 2498

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

Sp.Reading: 16075. | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No.: JF2BS9KC2HG039245

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: 225/60R18

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.	22/11/17 @ 1445

Survey held at: Motor Image, Leng Kee.

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? 1) ☐ : Preli. Report ☐ : 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 1) ___$ + RS ___$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($