Surveyor

REF: EQ1

ASSIGNMENT

From: Date: 20/12/17

Estimated Cost:

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

To Inspect Vehicle No: SLH 2390B

at Workshop m/s RC Auto

of 160 Sin Ming Drive # 06-20

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: 06 days Res.: Yes or No

Lum Sum: 1.B / % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wps

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLH 2390B Yr Regn: 05 / 15

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

Make: Toy Altis C.C 1598

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 29375 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRO 53RE1H104534033

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: 205/55R16

R: —

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	17/12/17	D.O.I.	20/12/17

Survey held at

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

O/S Frt

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

Date / Time	Action / Instruction
21/12	File pass to Centrome

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format :

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

TOTAL