Surveyor: Tanjah | REF: FWD

ASSIGNMENT

From: | Date: 22.12.2017

Estimated Cost:

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

To inspect Vehicle No: SKT 3258T

at Workshop m/s: TC Autoclinic

of: 25 Leng Kee Rd

Insured:

Policy No.:

Claims No.:

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Shawn - 9645 0003

(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: SKT3258T | Yr Regn: 2015 May.

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

Make: Nissan Sylphy | c.c: 1598

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

Sp.Reading: 72215 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBSAB17Z00-23317

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.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	22/12/2015

Survey held at: TC Autoclinic 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)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. ($) ☐ Interview ($) ☐ Tech. Invs ($) ☐ Weekend ($)

Survey Fee:

Transportation: ($ + PS $)

Photos

Others

TOTAL