Surveyor mercy

REF: AXA/

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJU 7427

at Workshop m/s Kimchua

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

| N/S | O/S |
|---|---|
| | |

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 26

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. SJU7427C Yr Regn: 12 09

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

Make: Toyota premio cc 1496

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

Sp.Reading 88148 T Radio: Insured / Std / NI / NA

Eng/No:

C/No: NZT260 3042404

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoder / Jammed / Leaked / Burnt or

Brake: Inoder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/70R14

R:

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |
| D.O.A. | 9/1/18 | D.O.I. | 15/1/18 |

Survey held at

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

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

| Date / Time | Action / Instruction |
|---|---|
| | LTA 13717 |
| | Dep 9/1. Next 12283 home history |

Date/Time File Pass to? : Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp $

Interview $

Tech Insp $

Medical $

Report Format :

Lump Sum / I.B.I: $

Survey Fee

Transportation

Photos

Total