Surveyor

REF: ASM (AXA)

ASSIGNMENT

From: Date: 26.01.2018

Estimated Cost:

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

To Inspect Vehicle No: SFY 7488C

at Workshop m/s BH Auto

of Blk 1 Sin Ming Ind Est #01-115

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am

(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: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 9/20 Person Contacted: Vehicle: IN / OUT

Veh No: SFY 7488C Yr Regn: 09 03

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

Make: Toy Altis (A) c.c 1598

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

Sp.Reading 181111 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRC53ZEC107086719

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: Yoko — —

R: Falken 195/60R15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	2 mm
L/Bal.	5 mm	L/Bal.	2 mm
D.O.A.	16/1/18	D.O.I.	26/1/18

Survey held at

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
29/1	File pass to Corkerm

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 ($) ___$ + RS ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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