Surveyor: Tanjith | REF: AIG

ASSIGNMENT

From: | Date: 22/01/2018

Estimated Cost:

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

To inspect Vehicle No: SMB 3067Z

at Workshop m/s: Tower Transit

of: 21 Bulim Drive, Bulim Bus Depot

Insured:

Policy No:

Claims No.

Sum Insured: | Excess:

(Client's Record) 2pm - 4pm

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:

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 'wp'

Date: | Person Contacted: Sharfun | Vehicle: IN / OUT

Veh No: SMB 3067Z | Yr Regn:

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

Make: MAN | CC

Colour: Green | A.C: Insured / Std / NI / NA

Sc.Reading: 218194 | T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: WMAA22ZZ407001860

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: 275/70R22.5

R: " " (D)

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.		D.O.I.	22/1/18@1540

Survey held at: Tower Transit

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
	will mail GIA & estimate

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. $ ☐ Interview $ ☐ Tech. Insp. $ ☐ Weekend $

Report Format :

Lump Sum / I.B Int. $

Survey Fee

Transportation

$ - Pt. $

Photos

Other

Total