Surveyor: Taufik REF: III

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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
	X

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

'WP'

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHB 808 G 1st Regn: 2014 May.

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

Make: Toyota Prius. cc: 1798

Colour: Maroon A/C: Insured / Std / NI / NA

So Reading: 73421 T Radio: Insured / Std / NI / NA

Eng No:

C/No: JTDKN364X05742057.

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: 195/65R15

R: " "

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

Front			Rear		
R/Bal.	6	mm	R.Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 23/1/18 D.O.I. 24/1/18 @ 2?pm

Survey held at SMKT

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

SHC2215Z TP - [illegible] III

TAX 01/18/2140

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. Invs. $

☐ Weekend $

Survey Fee

Transportation

Photo

Others

TOTAL

Report Format :

Lump Sum / I.B ...