

Surveyor

Tan JH

REF: LCR

ASSIGNMENT

From: Date: 05.03.2018

Estimated Cost:

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

To inspect Vehicle No: SLF 606D

at Workshop m/s Regent Motors

of 305 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Guo Xiang

11am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: 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

Date: Person Contacted: Guo Xiang

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SLF 606D Yr Regn: 2016 Aug

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

Truck / Trailer or

Make: Ford Fiesta HB C.C. 998

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

Sp. Reading: 33782 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

Survey held at Regent Motors

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

o/s Rear, u/c.

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

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time. File Return to?

2)

Report Format :

Lump Sum / I.B.I. / S

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Weekend (\$)

☐ : S+RS (\$)

☐ : Photos

☐ : Others

TOTAL