Surveyor | REF: ALH

ASSIGNMENT

From: | Date: 31.01.2018

Estimated Cost:

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

To Inspect Vehicle No: GBC 4971G

at Workshop m/s Lim Tan

of 176 Sin Ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

after 1030am

(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: 05 days | Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: GBC 4971G | r Regn: C9 12

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

Make: Ssang Yong (A) Actyon | D.O: 1998

Colour White | A/C: Insured / Std / NI / NA

Sp.Reading 101221 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KPADA1ETS-CP139738

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: Yoko 225/70R16

R: Maxxis

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	22/1/18	D.O.I.	31/1/18

Survey held at

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

2/S Rear

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

Date / Time	Action / Instruction
1/2	File pass to Catherine

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. Invs ($) ☐ Weekend ($)

Survey Fee

Transportation) __$ - PS __$)

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($