Surveyor

REF: ASM

ASSIGNMENT

From: Date: 13/2/18

Estimated Cost:

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

To Inspect Vehicle No: SLR 7164C

at Workshop m/s Pegasus

of 51 Defu Lane 10

Insured: SYM 4362A

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 2pm @ owner waiting

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDA Accident Report: Consistent? : Yes or No

OS / 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 72006

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLR 7164C Yr Regn: 8 17

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

Make: Honda vezel Hybrid cc: 1496

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

Sp.Reading: 38511 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU3 1222716

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperr / Jammed / Leaked / Burnt or

Brake: Inoperr / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	26/1/18	D.O.I.	13/2/18

Survey held at

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

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

Date / Time	Action / Instruction

Date/Time File Pass to? : Preli. Report

1) : Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp ($ Interview ($ Tech Invs ($ Weekend ($

Report Format :

Lump Sum / I.B.I: ($

Survey Fee

Transportation

Photos

Other

TOTAL