Surveyor | REF: ASM

ASSIGNMENT

From: | Date: 7/02/18

Estimated Cost:

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

To Inspect Vehicle No: SLD 4410 K

at Workshop m/s Accord Auto

of 10 AMK Ind. Prk 2A #03-11

Insured:

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record) After 10 am

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: 03 days | Res.: Yes or No

Lum Sum: 1.81 % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / wp

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SLD 4410K | Yr Regn: 06 16

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

Make: Citroen (A) Picasso | cc: 1560

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

Sp.Reading: 30598 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF7 3ABHZT FJ858333

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	2/2/18	D.O.I.	7/2/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S 1M

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

Date / Time	Action / Instruction
8/2	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 Inv ($ ☐ Weekend ($

Survey Fee

Transportation

Photos

Other

Report Format:

Lump Sum / I.B.I: ($