Surveyor

REF: LCR

ASSIGNMENT

From: Date: 12032018

Estimated Cost:

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

To Inspect Vehicle No: SLU 409 C

at Workshop m/s MBM Wheelpower

of 160 Sin Ming Drive #06-02.

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am

(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: 02 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLU 409C Yr Regn: 11 17

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

Make: Toy CHR (A) c.c 1797

Colour: M. Red A/C: Insured / Std / NI / NA

Sp.Reading: 13528 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: Z ✗ X10 2069454

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: 225/50R18

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	4/2/18	D.O.I.	12/3/18

Survey held at ✓

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

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

Date / Time	Action / Instruction
13/3	File pass to Catherine

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 ($) ☐ Weekend ($)

Survey Fee

Transportation: $ + RS $

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($)