Surveyor Farm | REF: | 11597K

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLH 9690P

at Workshop m/s AUTOINSURE

of 6, MARSILIAN LANE

Insured: AXA/Up

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

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:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLH9690P Yr Regn: 2016 / NOV

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

Make: MITSUBISHI ATTRAGE 1.2 c.c 1193

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

Sp.Reading 103591 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MMBSTA13A HH 003478

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Shorder / Jammed / Leaked / Burnt or

Brake: Shorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R15

R: -

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 31/01/18 D.O.I. 12/02/18

Survey held at AUTOINSURE

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

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 ($) ___$ + RS___SI

☐ Interview ($) Photos

☐ Tech. Invs ($) Others

☐ Weekend ($)

Survey Fee

Transportation

TOTAL

Report Format :

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