Surveyor | REF: Ath

ASSIGNMENT

From: | Date: 27.12.2018

Estimated Cost:

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

To Inspect Vehicle No: SJX 3619B

at Workshop m/s Motor Image

of 19 Lorong 8 Toa Payoh

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

after 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: 12 days | Res.: Yes or No

Lum Sum: I.B.I % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SJX 3619B | Yr Regn: 06 10

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

Make: Subaru Forester | c.c 2457

Colour: M. Green | A/C: Insured / Std / NI / NA

Sp.Reading: 154510 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1SH9K.T59G018733

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: 235/50R18

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	10/2/18	D.O.I.	27/12/18

Survey held at

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

& RM

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

Date / Time	Action / Instruction
28/2	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:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format :

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

TOTAL