Surveyor

REF: ALG

ASSIGNMENT

From: Date: 29.01.2018

Estimated Cost:

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

To Inspect Vehicle No: SJW 5064T

at Workshop m/s Complete VMS

of 176 Sin Ming Drive #03-14

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

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: 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. SJW 5064T Yr Regn. 03 10

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

Make: Kia Cerato c.c 1591

Colour M. Silver A/C Insured / Std / NI / NA

Sp.Reading 198812 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFW41MA 5191424

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: Mic 215/45R17

R: Continental

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	7 mm
L/Bal.	5 mm	L/Bal.	7 mm
D.O.A.	12/2/18	D.O.I.	27/2/18

Survey held at

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

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

Date / Time	Action / Instruction
28/2	File pass to Carhome

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

Photos

Others

Add Fee: ☐ : Site Insp. ($

☐ Interview ($

☐ Tech. Insp ($

☐ Weekend ($

Report Format :

Lump Sum / I.B.I: ($