

Surveillance Farrell

REF:

ATG

Ref: 18005191/R1HS3

68582

ASSIGNMENT

From: _____ Date: 19/03/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SKS 3716T

at Workshop m/s Performance

of 303 Alexandra Rd

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Gary Monney

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SKS 3716T Yr Regn: 2015 / NR

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

Truck / Trailer or

Make: P.A.W 316 I 1.6 A c.c. 1598

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 5111 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 3A/6080NS 38301

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 18/02/18 D.O.I. 19/03/18

Survey held at PERFORMANCE

Des. of Damages: Frt / Rear / PIR / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time. File Return to?

2) _____

Report Format :

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

Days Of Repair:

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS. \$ _____
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____) ☐ : _____

TOTAL