Surveyor | REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s AH CHUAN AUTO.

of

Insured:

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: SHF507E Yr Regn: JAN 2017

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

Make: HONDA SHUTTLE. c.c 1496

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

Sp.Reading 3852 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK81666680.

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: 185/60/R16

R: —"—

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

Front		Rear	
R/Bal.	mm	R/Bal.	mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	17/02/2018.	D.O.I.	23/02/2018.

Survey held at —"—

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

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

Date / Time	Action / Instruction

Date/Time: File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: Survey Fee

Transportation

Add Fee: ☐ Site Insp ($) ___$ + PS___SI

☐ Interview ($) Photos

☐ Tech. Invs ($) Others

☐ Weekend ($)

TOTAL

Report Format :

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