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

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: SKL1261M. | Yr Regn: SEP 2013

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

Make: MAZDA 5. | c.c 1999

Colour GREEN | A/C: Insured / Std / NI / NA

Sp.Reading 43865 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6CW10F1E0116288 -

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Norder / Jammed / Leaked / Burnt or

Brake: Norder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55/R16

R: —

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 13/2/2018 | D.O.I. 1/3/2018.

Survey held at FI

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

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

Date / Time	Action / Instruction

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (S) ☐ Interview (S) ☐ Tech. Invs (S) ☐ Weekend (S)

Survey Fee

Transportation ($ – RS SI)

Photos

Others

TOTAL