Surveyor: Taylor | REF: LPC

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

Date: | Person Contacted: Michell | Vehicle: IN / OUT

Veh No: SLH9920H | Yr Regn: 2017 Dec

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

Make: Volvo XC 60 | o.o 1969.

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

Sp.Reading: 3239 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1UZ10ACJ102892.

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: 235/60R18

R: " "

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

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

D.O.A. | D.O.I. 5/3/2 @250pm

Survey held at Weemes Alexandra

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

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

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 1) __S - P/S __S) | Photos | Others | TOTAL