

Surveyor

REP:

NS / TMC 18003827 / Sgbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: **SJD 5334P**

Policy No. **5083195710-01 290817**

Claims No. **MT/0982721-02**

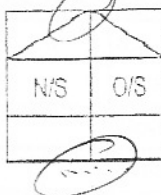
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **4** 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: **SAC 45324** Yr Regt: **8/3/2011**

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

Truck / Trailer or

Make: **Chrysler** **C300** cc **2987**

Colour **45440 Black** A/O: Insured / Std / NI / NA

Sp. Reading **915140** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **1C3C9C04174162199**

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: ☒ In Order / Jammed / Leaked / Burnt or

Mod: ☒ S/Rim / STD A/Rim or

Tyre Size: F: **225/60 R18**

R: **"**

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

TOYO / YOKO or **Pirelli**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. **16/2/18** D.O.I. **23/2/18**

Survey held at **SMART**

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

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

Date / Time Action / Instruction

SAC 45324 - **NSA / TNC 18003157 / Y**

DOA: 160218

TAX/02/18/2125

SJD 5334P - **"**

"

UKK

NTMC

US \$ 4950 , 4 days. (Red \$ 10643.40, 68%)

SJD5334P

RECEIVED 14 MAR 2018

Date/Time: File Pass to?

☐ : Preli. Report

1) **14/3 March**

☐ : Final Report

Date/Time: File Return to?

2) _____

Report Format:

Lump Sum / I.E.I. (\$) **4950.**

Days Of Repair: **4**

Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Techn. Invs (\$ _____)

☐ : Weekend (\$ _____)

☐ : S+RS, SI

☐ : Photos

☐ : Other

TOTAL

160
35

195