REF: ATh

Surveyor

ASSIGNMENT

From: _____ Date: 12032018

Estimated Cost: _____

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

To Inspect Vehicle No: SBU 1144T

at Workshop m/s Carl Motor

of 38 Woodlands Ind Park E1 #05-10

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Ricky mooring

(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: SBU 994T Yr Regn: 31/8/2009

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

Make: BMW 325 c.c 2497

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

Sp.Reading 196151 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAWS32AX0PV538775

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperder / Jammed / Leaked / Burnt or _____

Brake: Inoperder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225/45R17

R: 11

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.	6/2/18	D.O.I.	12/3/18

Survey held at Carl Motor

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

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: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____) $-RS_____S

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Others

☐ : Weekend ($ _____)

TOTAL