REF: I

Surveyor:

ASSIGNMENT

Date:

From:

Estimated Cost:

OD / TP / WS / TP RFS / 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 Report: 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: SLM1174P Yr Regn: 21/3/17.

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

Make: Mazda 3 cc 1496

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 61506 T/Radio: Insured / Std / NI / N/

Eng/No:

C/No: JM6BN224814014538

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: 205/60R16

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6
L/Bal.	6 mm	L/Bal.	6
D.O.A.	14/3/18.	D.O.I.	16/3/18

Survey held at Auto Insure.

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

The U/C / Chassis frame / Body Structure affected due to coll

Date / Time | Action / Instruction

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS ST

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL