(08/11/13)

Surveyor

REF: A26

ASSIGNMENT

From: Date: 28/03/2018

Estimated Cost:

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

To Inspect Vehicle No: SGV 2316C

at Workshop m/s Vfix Auto

of 60 Kaki Bukit Ave 6

Insured: -

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am

(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: 2 days Res.: Yes or No

Lum Sum: 1.8-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGV2316C Yr Regn: 6 / 07

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

Make: Subaru impreza c.c 1597

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

Sp.Reading 185973 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1GDSKRS7G068795

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:

R: 215/45R17

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	25/3/18	D.O.I.	28/3/18

Survey held at

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

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

Date / Time	Action / Instruction
28/3/18	confirmed final by $1000 with michele

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL