Survey | REF: III

ASSIGNMENT

From: Date: 2/4/18

Estimated Cost:

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

To Inspect Vehicle No: SLP8849P

at Workshop m/s Pegasus

of 51 Defu Lane 10

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: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1wpr

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLP8849P Yr Regn: 6 / 17

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

Make: Mazda 3 c.c 1496

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

Sp.Reading 72851-9 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6BN22A8H0154490

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:

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

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.	2/4/18

Survey held at

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

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

Date / Time	Action / Instruction
2/4/18	confirmed o/s $2500 with sam.

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

1) ☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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