

Surveyor

ASSIGNMENT

From: _____ Date: 09042018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLK 7409J
 at Workshop m/s Testem Performance
 of Amk
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

after 1130am

(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: 1-2 days Res.: Yes or No
 Lum Sum: 1-13.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLK 7409J Yr Regn: 01 17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toy Prius C.C. 1798
 Colour: 2 Silver A/C: Insured / Std / NI / NA
 Sp.Reading: 119237 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTOKB3F4003540154
 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: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 9 mm
 L/Bal. 8 mm L/Bal. 9 mm
 D.O.A. 8/3/18 D.O.I. 9/4/18
 Survey held at ✓
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
10/4	File pass to Cathryn

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

Report Format :

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