Surveyor Rasu | REF: AIG | 40342

ASSIGNMENT

From: | Date: 03042018

Estimated Cost:

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

To Inspect Vehicle No: SDW 6886C

at Workshop m/s WTS Automotive

of 8 Gul Circle

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 10am - 12pm 91462113

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. SDW 6886C Yr Regn: 2017 / FEB

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

Make: MAZDA BIANTE 5 DOOR 2.0 c.c 1998

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

Sp.Reading 20072 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6CC107140110571

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: 205/60R16

R: " "

BS / DUNL / 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. 23/03/18 D.O.I. 03/04/18

Survey held at WTS

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

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($ ☐ Interview ($ ☐ Tech. Invs ($ ☐ Weekend ($

Survey Fee:

Transportation ($ - RS $)

(Photos

(Others

( )

TOTAL

Report Format :

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