Surveyor

REF:

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / 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.

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.   SHB 509 U.   Yr Regn: 7/10/2014.

Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Taxi~~ / Prime Mover /

     Truck / Trailer or

Make: Toyota Prius.   c.c 1798

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

Sp.Reading 420930   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN 364 50575214

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   Falken

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 2/4/18		D.O.I. 3/4/18.	

Survey held at   SMRT.

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

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

Date / Time   Action / Instruction

TAX/04/18/2007
Lck.
IV

SHB 4335 C.

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

I)   ☐ : Final Report

Date/Time. File Return to?

II:

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