Surveyor

REF: ASM(AXA)

ASSIGNMENT

From: Date: 5/4/18

Estimated Cost:

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

To Inspect Vehicle No: SLR 6186X

at Workshop m/s Cycle & Carriage Fulco Motor

of No. 330 Ubi Road 3

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 2pm owner waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $ 70

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 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SLR6186X Yr Regn: 8/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SA1

Make: KIA Forte K3 c.c. 1591

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

Sp.Reading 14898 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFJ411MJ5725345

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: 195/65-R15

R:

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

Front		Rear	
R/Bal.	∞ mm	R/Bal.	∞ mm
L/Bal.	∞ mm	L/Bal.	∞ mm
D.O.A.		D.O.I.	5/4/18

Survey held at —

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
	have video of folder

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: ($)