

Surveyor

ASSIGNMENT

From: Date: 14052018

Estimated Cost:

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

To Inspect Vehicle No: SKD 5900T

at Workshop m/s Lim Tan

of 176 Sin Ming Drive

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

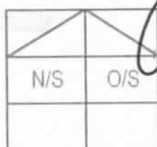
(Client's Record)

Make of Veh:

after 10:30am

(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: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKD 5900T Yr Regn: 08 / 10

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

Truck / Trailer or

Make: M. S1350 C.C. 34P8

Colour: M. Pike A/C: Insured / Std / NI / NA

Sp. Reading: 111706 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDB 23-04 5821-145459

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: M/C 255/35R19

R: R/C 285/30R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 12/4/18

Survey held at

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 14/5/18

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

0/5 Fr

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

Date / Time Action / Instruction

15/3 File pass to Customer

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:

\$ + RS. SI

Photos:

Others:

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech. Invs (\$ )

☐ : Weekend (\$ )