

Surveyor

REF: AL7

ASSIGNMENT

From: Date: 09072018

Estimated Cost:

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

To Inspect Vehicle No: SJS 5664H

at Workshop m/s Lim Tan

of Blk 176 Sin ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after 10am

(Policy Condition)

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

Bal. or Market Value: \$ 28k

IDAC Accident Rpt: 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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SJS 5664H Yr Regn: 08 09

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

Truck / Trailer or

Make: BMW 318i c.c. 1995

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

Sp. Reading: 98045 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA PF 72030 A143227

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: 205/55R16

R:

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

TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 29/3/18

Survey held at

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

O/S R

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

Date / Time Action / Instruction

10/7 15h past to Carhome

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

☐ \$ + RS ☐ SI

☐ Photos

☐ Others

TOTAL