

Surveyor: *Paul*

REF:

15081A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SKT 86743*at Workshop m/s: *KATH MOTOR*of *255, Alexander Rd*Insured: *LPC*

Policy No. _____

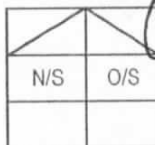
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: *See HAT 1.45pm*
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: _____ 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: *SKT 86743* Yr Regn: *2015 / Jun*Type: *M.Gar* / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: *Honda HRV 1.5 LX* c.c. *1497*Colour: *WHITE* A/C: Insured / Std / NI / NASp. Reading: *034967* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *MRHRU1830FP000169*Gen. Cond: Good / *Fair* / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / *SRim* / STD A/Rim orTyre Size: F: *215/55R17*

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. *6* mmL/Bal. *6* mmD.O.A. *18/04/18*Survey held at *KATH MOTOR*

Rear

R/Bal. *6* mmL/Bal. *6* mmD.O.I. *08/05/18*

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

O/S FRt

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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