

Surveyor

ASSIGNMENT

From: _____ Date: 02052018

Estimated Cost: _____

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

To Inspect Vehicle No: SDR 225Bat Workshop m/s Trans Eurokarsof 12 Gungur Kadut Ave

Insured: _____

Policy No. _____

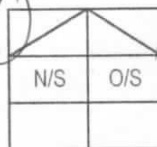
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Jobi

(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: _____ 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: SDR 225B Yr Regn: 15/1/2016Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mini Cooper c.c. 1998Colour: White A/C: Insured / Std / NI / NASp. Reading: 63282 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMWXM 720902A 77303Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: MM / S/Rim / STD A/Rim orTyre Size: F: 205/45R17R: 11

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

TOYO / YOKO or

Bridgestone

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 13/4/18D.O.I. 2/5/18Survey held at Trans EurokarsDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orN/S Frt

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

Date / Time Action / Instruction

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: (\$)