

10/11/17

REF: ALH

Surveyor

ASSIGNMENT

From:

Date:

09052018

Estimated Cost:

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

To Inspect Vehicle No:

SKZ 7836S

at Workshop m/s

Tat Heng

of

Blk 10 AMK Ind Park 2A #02-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

morning

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:

26

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKZ 7836S

Yr Regn:

02 / 16

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

Truck / Trailer or

Make:

Honda CRV

C.C

2354

Colour

M.P.W.h.4

A/C:

Insured / Std / NI / NA

Sp.Reading

48462

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR1HRM 38501HP 000015

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:

R:

225/60R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

115/18

D.O.I.

915/18

Survey held at

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

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

Date / Time

Action / Instruction

10/5 File pass to Catherine, car not ready

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 (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

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