

Surveyor Tanpin

REF:

AXA

726/7143 W

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$90K
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: SLK 2002 G Yr Regn: 2017 Jan.
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Mercedes GLE 16 c.c. 1592
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 32708 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MKHFC56509T000728

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: 215/55R16
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook

Front		Rear	
R/Bal. <u>6</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. _____		D.O.I. <u>4/6/18 4pm</u>	

Survey held at Kah Motor

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

Rear n/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Report Format : _____

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