Surveyor | REF:

ASSIGNMENT

COE July 2022

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:

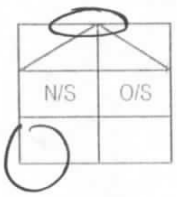
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 6786 B Yr Regn: 2014 July

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 413717 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDEU429751

C/No: KMHLB41UMEU056041

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi : (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: —"—

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

TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	S	R/Bal.	S
L/Bal.	S	L/Bal.	S
D.O.A.	24/05/2018	D.O.I.	28/05/2018

Survey held at Chanmi AMK

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

Front & Rear N/S

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

Date / Time	Action / Instruction
	FWD SJG 8894D

Date/Time: File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time: File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation ($ + GST $)

Photos

Other:

TOTAL

Report Format :

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