

Surveyor

REF: NSM (AXA)

ASSIGNMENT

From: Date: 11.06.2018

Estimated Cost:

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

To Inspect Vehicle No:

SLR 9687Y

at Workshop m/s

Lim Tan

of

176 Sin Ming Dr #03-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

after Warn

(Policy Condition)

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

Bal. or Market Value:

89500

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:

SLR 9687Y Yr Regn: 11, 08

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

Truck / Trailer or

Make:

Toyota

C.C

14P7

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

187419

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR0531HY 9305072404

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:

195/55R16

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

Front

Rear

R/Bal.

5 mm

R/Bal.

6 mm

L/Bal.

5 mm

L/Bal.

6 mm

D.O.A.

28/5/18

D.O.I.

11/6/18

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

12/6 For parts to Carhouse

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

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format :

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

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