Surveyor

REF: FWD

ASSIGNMENT

From: Date: 12/6/2018

Estimated Cost:

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

To Inspect Vehicle No: SLQ 1767H

at Workshop m/s Motor Image

of 19 Lorong 8 Toa Payoh

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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: 10 days Res.: Yes or No

Lum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SLQ 1767H Yr Regn: 06, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wgon

Make: Subaru (A) Forester c.c 1995

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

Sp.Reading 18233 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1SJ5KC5HG·09 2390

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: 225/60R17

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	5/6/18	D.O.I.	12/6/18

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
13/6	File pass to Catherine

Date/Time. File Pass to?

1) : Preli. Report

: Final Report

Date/Time. File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation

S + RS S

Photos

Others

TOTAL