

Surveyor: *P. K. K.*

REF:

7200h

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SLM 36990*at Workshop m/s *Pegasus*of *74, Kinn Tuck Rd*

Insured: _____

Policy No. _____

Claims No. _____

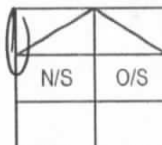
Sum Insured: _____ Excess: _____

(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 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: *SLM 36990* Yr Regn: *2017 / MAR*Type: *M. Car* / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: *MAZDA 3*C.C. *1496*Colour: *BLACK*

A/C: Insured / Std / NI / NA

Sp. Reading: *80105*

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *JM 6A 22A 8H 01 49528*Gen. Cond: Good / *Fair* / Poor / BurntSteering: *Order* / Jammed / Leaked / Burnt orBrake: *Order* / Jammed / Leaked / Burnt orModi: Nil / *S/Rim* / STD A/Rim or

Tyre Size: F: _____

205/60R16

R: _____

2

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

TOYO / YOKO or

WESTAKE

Front

Rear

R/Bal. *6* mmR/Bal. *6* mmL/Bal. *6* mmL/Bal. *6* mmD.O.A. *07/06/18*D.O.I. *12/06/18*

Survey held at

Pegasus

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

N/S Frt

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$)

Photos

☐ : Tech. Invs (\$)

Others

☐ : Weekend (\$)

TOTAL

Report Format : _____

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