(08/11/13)

Surveyor: xal. REF: III cc700 D ♥=☺♦n☺♥☺☺?

(2021)

ASSIGNMENT

From: Date: 29062018	Veh No: SGM9007X Yr Regn: 31 oct 2006
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SGM 9007X	Make: Toyota Altis c.c 1598
at Workshop m/s Torque 5	Colour Silver A/C: Insured / Std / NI / NA
of Blk 8 Kaki Bukit Ave 4 #01-49	Sp.Reading 275245 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MR053ZEC 107133 660
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 185/70 R14
10am	R: 11

(Policy Condition)

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

	N/S	O/S

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

Bal. or Market Value: ~~$18K~~ . $21K

	Front			Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal.	6 mm		R/Bal.	6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.	6 mm		L/Bal.	6 mm
Est. Repairs: days Res.: Yes or No	D.O.A.			D.O.I.	29-06-18
Lum Sum: % 3 Val.: Yes or No	Survey held at	W/S			4:30pm

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date: Person Contacted:

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:	Survey Fee:
Date/Time, File **Return** to?		Transportation:
2) Add Fee: ☐ : Site Insp ($)	_S + RS._SI	
☐ : Interview ($)	Photos	
☐ : Tech. Invs ($)	Others	
Report Format :	☐ : Weekend ($)	
Lum Sum / I.B.I: ($)		TOTAL