Surveyor

REF: ASM(AXA)

ASSIGNMENT

From: Date: 11.07.2018

Estimated Cost:

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

To Inspect Vehicle No: SLU 8645J

at Workshop m/s Progressive

of Blk 3022A Ubi Rd 1 #01-45

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 3.30pm owner waiting

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

N/S	O/S

Bal. or Market Value: $10 2k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 13% % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLU8645J Yr Regn: 1217

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

Make: mazda 5 c.c 1998

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

Sp.Reading 7847 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6CW107H0127488

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: 205/55-R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 3/7/18 D.O.I. 11/7/18

Survey held at

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : 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 ($) ___S + RS ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:

Transportation

TOTAL