

Surveyor

ASSIGNMENT

COE Sept 2024

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

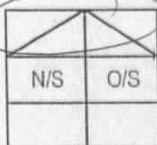
Claims No. _____

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 8HD 3605 U Yr Regn: Sept 2016

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

Truck / Trailer or

Make: Toyota Prius c.c 1798

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

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

Eng/No: 22RR 917320

C/No: JTDKB3FU103530197

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: ———

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 04/07/2018

D.O.I. 09/07/2018

Survey held at Churni AMC

Des. of Damages: ☒ Front / ☒ Rear / O/S / N/S / U/C / Rooftop or,

Front

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

Date / Time Action / Instruction

III SHA 20015

Repair cost exceed 40K

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:

\$ + RS. SI

Photos

Others

TOTAL

Report Format :

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

☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)