Surveyor | REF: RSM(AxA)

ASSIGNMENT

From: | Date: 16/7/2018

Estimated Cost:

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

To Inspect Vehicle No: YM39A

at Workshop m/s: Kan Fook Sing

of: 61 Defu Lane 12

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition) morning

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

N/S	O/S

Bal. or Market Value: 62k

IDAC Accident Rport: | 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

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: YM39A | Yr Regn: 10 / 15

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

Truck / Trailer or

Make: HINO XZU710R | c.c 4009

Colour wht-fe | A/C: Insured / Std / NI / NA

Sp.Reading 102531 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHHUCT3H80K014388

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Norder / Jammed / Leaked / Burnt or

Brake: Norder / Jammed / Leaked / Burnt or

Modi : Tilt / S/Rim / STD A/Rim or

Tyre Size: F: 215/85R16

R:

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	9/7/18	D.O.I.	16/7/18

Survey held at —

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

Rear N/S.

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

Date / Time	Action / Instruction
	Req 9k.

Date/Time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___S + RS___SI

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Photos

Others

TOTAL

Report Format :

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