

Surveyor: *Form*

REF:

9022B

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: *SKX 5672X*at Workshop m/s *ETHO2*of *30, Bank of America Cars*Insured: *AXA*

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

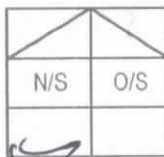
(Client's Record)

Make of Veh: _____

(Policy Condition)

2pm owner waiting

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

Bal. or Market Value: *82K*

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SKX 5672X* Yr Regn: *2015 / Dec*Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *VOLVO V40 T2 A* C.C. *1498*Colour: *WHITE* A/C: *Insured / Std / NI / NA*Sp. Reading: *57621* T/Radio: *Insured / Std / NI / NA*

Eng/No: _____

C/No: *4V1MV2840623/1118*Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: *Nil* / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

225/402R18

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

TOYO / YOKO or

Front

Rear

R/Bal. *6* mmR/Bal. *6* mmL/Bal. *6* mmL/Bal. *6* mmD.O.A. *24/06/18*D.O.I. *10/07/18*Survey held at *ETHO2*

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

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) S + RS \$

) Photos

) Others

TOTAL

Report Format:

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