

Surveyor

ASSIGNMENT

From: _____ Date: 20072018

Estimated Cost: _____

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

To Inspect Vehicle No: SLN 98235

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)

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

Bal. or Market Value: 68/c.

OAC Accident Rpt: _____ Consistent? : Yes or No

GLA / PR Seen: 9 Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

L7A55435
Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLN 98235 Yr Regn: 5 17

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

Truck / Trailer or (A/

Make: Hyundai Elantra c.c. 1591

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

Sp. Reading: 27275 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMH4366490

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: 195/65R15
R: _____

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

TOYO / YOKO or nexen

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 14/7/18

D.O.I. 20/7/18

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$) S + RS SI☐ : Interview (\$) Photos☐ : Tech. Invs (\$) Others☐ : Weekend (\$)

TOTAL

Report Format : _____

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