

Surveyor

Taufik

ASSIGNMENT

COE 2022 Jan

From: Date: 26/07/2018

Estimated Cost:

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

To Inspect Vehicle No: SGQ 2111C

at Workshop m/s Auto Wheels

of Bk 1 Bukit Batok Crescent #02-40

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

3pm owner waiting

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

N/S	O/S

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGQ 2111 C Yr Regn: 2007 / Jan

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

Truck / Trailer or

Make: Mitsubishi Lancer 1.6m c.c 1584

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

Sp. Reading: 1760 km T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 5MYSNC 53A 74005015

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/50R16

R: 1 -

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.

D.O.I. 26/7/18

Survey held at Auto wheels

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

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Report Format :

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

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

TOTAL