

Surveyor xhl.

REF: FWD

3322Z

ASSIGNMENT

From: Date: 15082108

Estimated Cost:

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

To Inspect Vehicle No: SKN 2997G

at Workshop m/s Premium

of 55 Ubi Rd 1

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: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SKN 2997G Yr Regn: 29 May 2014
Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 C.C. 1395

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

Sp. Reading: 74264 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WA48888V4E1034832

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 / R/P or

Tyre Size: F: 205 / 55 R16
R: 11

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.

Survey held at w/s

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

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

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 (\$)

Report Format :

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

TOTAL