(08/11/13)

Surveyor:

REF:

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

| N/S | O/S |
|---|---|
| | |

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

Bal. or Market Value:

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: SLJ6939H. Yr Regn: 2016 / Dec.

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

Make: Honda ~~Civic~~ Accord c.c 1997

Colour Grey. A/C: **Insured / Std / NI / NA**

Sp.Reading 31471 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MRHCR16306P000077

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: 225/50R17.

R: 225/50R17.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 06 mm | R/Bal. | 06 mm |
| L/Bal. | 06 mm | L/Bal. | 06 mm |
| D.O.A. | | D.O.I. | 20/09/18. |

Survey held at Modern.

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

Front O/S.

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

| Date / Time | Action / Instruction |
|---|---|
| | TP Alg. |

Date/Time, File **Pass** to? ☐ : **Preli. Report**

1) ☐ : **Final Report**

Date/Time, File **Return** to?

2)

**Days Of Repair:**

**Resurvey No. of Trip:**

**Add Fee:** ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Invs ($ )

☐ : Weekend ($ )

**Report Format :**

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

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL