

Surveyor NA2

REF:

III

1664X / Nua3 - (a)

ASSIGNMENT

From: Date: 08102018

Estimated Cost:

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

To Inspect Vehicle No: SLD 2172K

at Workshop m/s Automotive Repair
of 38 Woodlands Ind Park EI #05-18

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SLD 2172K Yr Regn: 8 JUN 2016

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

Truck / Trailer or

Make: BMW

Colour: BLUE

Sp. Reading: 40077

Eng/No:

C/No: WBA1V720705C07175

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 / 15 R16

R: 11

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

TOYO / YOKO or DUN(F), PIR(R)

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 9/9/18

D.O.I. 8/10/18

Survey held at AUTOMOTIVE REPAIR

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

0/5

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

Date / Time Action / Instruction

III P/P

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:

___ \$ + RS. ___ SI

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

TOTAL

Report Format :

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