Surveyor : Marcus | REF: ALG

ASSIGNMENT

From: | Date: 21.09.2018

Estimated Cost:

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

To Inspect Vehicle No: CB 6375H

at Workshop m/s Bedok Motor

of 30 Pelu Lane 9

Insured: SJX 6997P

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 3.30pm

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: - Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (1/2020

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: CB 6375H Yr Regn: 11/00

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

Make: Toyota Hiace c.c 2982

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

Sp.Reading 78969 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LH172 0046912

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: 195 R15

R:

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

Front		Rear	
R/Bal.	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 17/9/18		D.O.I. 21/9/18	

Survey held at

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

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

Date / Time	Action / Instruction
21/9/18	attach scene photo. contact O/S @ 2700 with Repairer

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

1) : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($) : Interview ($) : Tech. Invs ($) : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	