(08/11/13)

Surveyor: Xeal. | REF: GQ | C 25492

ASSIGNMENT

(-2021)

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Allswell Motor

of

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: $ ~~15500~~ 17K

IDAC Accident Rport: | Consistent? : **Yes** or **No**

GIA / PR Seen: | Consistent? : **Yes** or **No**

Est. Repairs: 6 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: SGK3674 Yr Regn: 28 Jul 2006

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

Make: Toyota vios c.c 1497

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

Sp.Reading 214610 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MR053HY420 419709

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 A/Rim** or

Tyre Size: F: 195/55R15

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.		D.O.I.	26-09-18

Survey held at W/S 4pm

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
26/9	Finalize $2361.35 with Ben

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

1)

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	