

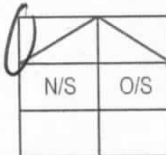
Surveyor

ASSIGNMENT

From: _____ Date: 28092018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: STK 9733H
 at Workshop m/s Wei Lee
 of Bik 9 Sim Ming Ind Est #01-32
 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: Bik
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: STK 9733H Yr Regn: 11 08
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toy Atti A C.C. 1598
 Colour: M. Green A/C: Insured / Std / NI / NA
 Sp. Reading: 120340 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NR0538EE106121662
 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: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. 2 mm R/Bal. 3 mm
 L/Bal. 2 mm L/Bal. 3 mm
 D.O.A. 21/9/18 D.O.I. 25/9/18
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S/R
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>26/9</u>	<u>File pass to Customer</u>

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