

REF: FWD

Surveyor

## ASSIGNMENT

From: Date: 23. 11.2018

Estimated Cost:

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

To Inspect Vehicle No: SLT 3295Z

at Workshop m/s: Borneo Motor

of: 17 Ubi Rd 4

Insured:

Policy No.

Claims No.

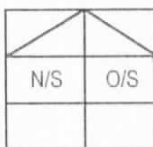
Sum Insured: Excess:

(Client's Record)

Make of Veh: Sam

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: 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: SLT 3295Z Yr Regn: 10 17

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

Truck / Trailer or

Make: Toyota wish C.C 1798

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

Sp. Reading: 31600 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTD4620W00J008152

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: 195/65 R15  
R:BS / DUN / EXNOVA / GS / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 11/01/18

D.O.I. 23/11/18

Survey held at

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

Rear O/S

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

Date / Time Action / Instruction

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:

S + RS St.

Photos

Others

Report Format :

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

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

TOTAL