

Surveyor: Pame

REF: LPC

8243E

CVE KPIRY: 2019/Jan

ASSIGNMENT

From:

Date:

22/10/2018

Veh No:

SLS 5947T

Yr Regn: 2009 / JAN

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

SLS 5947T

Make:

MAZDA 2 AT R

C.C

1498

at Workshop m/s

Mova Automotive

Colour

Black

A/C: Insured / Std / NI / NA

of

Blt 1008, Bkt Merah Jene 3 # 01-04

Sp. Reading

122567

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

3M 006107190127045

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

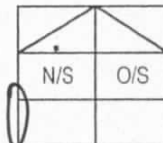
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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



Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Bal. or Market Value:

11k

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

5 mm

R/Bal.

5 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

5 mm

L/Bal.

5 mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

11/10/18

D.O.I.

22/10/18

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Mova (K4)

CA / REV / REP. / 24 HRS

up

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

N/S Rear

Date:

Person Contacted:

Vehicle: IN / OUT

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:

Add Fee:

☐

: Site Insp (\$

) S + RS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL