

Surveyor:

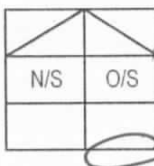
ASSIGNMENT

From: _____ Date: 19/10/2018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GY 3991E
 at Workshop m/s: City Auto
 of: Blk 8 Sun Ming Ind Est #01-58
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

10:30am
owner waiting

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: 02 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GY 3991E Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NIS C935A C.C. _____
 Colour: Pilver A/C: Insured / Std / NI / NA
 Sp. Reading: 323444 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JNISIF-41-2370 P53910
 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: Yoko 195R15 x 8
 R: Dun 155R12 x 8 (D)

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

Front	Rear
R/Bal. <u>3</u> mm	R/Bal. <u>2</u> <u>2</u> mm
L/Bal. <u>3</u> mm	L/Bal. <u>2</u> <u>2</u> mm
D.O.A. <u>13/10/18</u>	D.O.I. <u>19/10/18</u>

Survey held at ✓

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

Rear d/s

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

Date / Time	Action / Instruction
<u>22/10</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: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

Report Format :

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