Surveyor Mr/Ms | REF: AX4/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJY/3545A

at Workshop m/s Yew Hee

of

Insured:

Policy No

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 16

IDAC Accident Rport: 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. SJY/3545A Yr Regn: 8 / 10

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

Make: Toyota Vios 0rc c.c 1497

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

Sp.Reading 12339 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR0S3HY9305177430

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: 185/60R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	19/10/10	D.O.I.	31/10/18

Survey held at

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

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

Date / Time	Action / Instruction
	LTA 9504 1yrs 10mts.

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 ($) $ + RS $

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

Report Format :

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

TOTAL