

REF: ASM(Ax A)

Surveyor

ASSIGNMENT

From: Date: 09.11.2018

Estimated Cost:

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

To Inspect Vehicle No:

STV 4015Y

at Workshop m/s

Abwin Services

of

8 Kaki Bukit Ave 4 # 07-48

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Ivun.

(Policy Condition)

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

N/S	O/S

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: STV 4015Y Yr Regn: 2010 Jan.

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

Truck / Trailer or

Make:

Hyundai Avante c.c. 1591

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading:

336434

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH2418MAU897457

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:

205/55R16

R:

205/55R16

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

TOYO / YOKO or

Linglong.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

09/11/18

Survey held at

Abwin

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

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

Date / Time

Action / Instruction

TP AXA.

MV: 141K

PV: 85K

Nett: 55K

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