

Surveyor

REF: ASM(AxA)

ASSIGNMENT

From: _____ Date: 3/12/18

Estimated Cost: _____

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

To Inspect Vehicle No: GBC 8871 K

at Workshop m/s Tan Jim Motor
of 51 Defu Lane 10

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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 (up)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBC 8871 K. Yr Regn: 2014 / Feb.

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

Truck / Trailer or

Make: Nissan Cabstar. C.C. 253

Colour: white. A/C: Insured / Std / NI / NA

Sp. Reading: 248060. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHSC2F24Z08SSA32.

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: 195R15C. B/S

R: 165R13C. Yok

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 03/12/18

Survey held at Tan Lim.

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

Front n/s.

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

Date / Time Action / Instruction

TPAXA.

MV : 35K

PV : 22.5K

Nett: 12.5K

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:

\$ + RS. SI

Photos

Others

Report Format :

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

TOTAL