

Surveyor: Faisal

REF:

1506P

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLR 2983M
 at Workshop m/s CARCRAPTOR
 of 48, TOK GUM ROAD #B5-155
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition) Faisal

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: SLR 2983M Yr Regn: 2017 / Jun
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: AWD1 A3 SEDAN 1.0TFSI c.c. 999
 Colour: GREY A/C: Insured / Std / NI / NA
 Sp. Reading: 19831 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAM 2228V8J100/813
 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: 235/55R16
 R: _____

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

Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm
 D.O.A. 01/11/18 D.O.I. 20/11/18

Survey held at CARCRAPTOR
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rtr
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____

1) Date/Time, File Return to?
 2) _____

Resurvey No. of Trip: _____

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

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	