

Surveyor

ASSIGNMENT

From: Date: 19/11/18

Estimated Cost:

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

To Inspect Vehicle No: SLL5725D

at Workshop m/s MBM Wheel Power
of 160 Sin Ming Drive # 06-02

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 11am
Stephanie

(Policy Condition)

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

Bal. or Market Value: \$79K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: 1-2.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{1up}

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLL5725D Yr Regn: 03, 187

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

Truck / Trailer or

Make: Toy Sienta A) Wagon C.C. 1498

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 27664 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NSP170 7035027

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: 205/50R16

R:

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 9/11/18

Survey held at

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

L/R

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

Date / Time

Action / Instruction

20/11 15h pass to Customer

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:

\$ + RS, SI

Photos

Others

Report Format :

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

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

TOTAL