

Surveyor

Taufin

REF:

AXM

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

Bal. or Market Value:

\$66k.

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

Han.

Date / Time

Action / Instruction

Check back

Veh No:

SFT 185Z

Yr Regn:

2012 / July

Type:

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

Truck / Trailer or

Make:

BMW 320I

C.C.

1997

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

158854

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WSA3B16092NR42899.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Knocker / Jammed / Leaked / Burnt or

Brake: Knocker / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225 / 50R17.

R:

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

TOYO / YOKO or

Fallen

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

17/12/18

Survey held at

pm.

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

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

Note: \$55660.

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:

Report Format :

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

Add Fee:

☐

Site Insp (\$

) \$ + RS. \$

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

) TOTAL

TOTAL