

Surveyor *Ram*

REF: III

m12/pj3-J
0739F

ASSIGNMENT

From: _____ Date: 03012019
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKW1552R
at Workshop m/s Tan Chong
of 911 Bukit Timah Rd
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: _____
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 0/3

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKW1552R Yr Regn: 2015 / 049
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: NISSAN QASHQAI 1.2 C.C. 1197
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 56031 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: SJNPEA911U1481936

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: 215/60R17
R: _____

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

Front 6 mm Rear 6 mm
R/Bal. 6 mm L/Bal. 6 mm
L/Bal. 6 mm D.O.I. 03/01/19
D.O.A. 24/10/18
Survey held at Tan Chong

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

1) _____
2) _____

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

() S + RS. \$ _____

() Photos

() Others

TOTAL