

Surveysor *Rosam*

REF: *II*

9817K

ASSIGNMENT

From: _____ Date: *07-12-2018*

Estimated Cost: _____

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

To Inspect Vehicle No: *SBS 3405Y*

at Workshop m/s *Tower Transit*

of *21 Bulim Drive*

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

2pm - 4pm

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SBS 3405Y* Yr Regn: *2014 / Aug*

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

Truck / Trailer or

Make: *VOLVO B9TL 9.4L A* C.C. *936Y*

Colour: *GREEN* A/C: Insured / Std / NI / NA

Sp. Reading: *282920* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *4V3S4P924EA167586*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: *Nit* / S/Rim / STD A/Rim or

Tyre Size: F: *275/70R22.5*

R: *1"*

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

TOYO / YOKO or *CONTINENTAL*

Front

Rear

R/Bal. *8* mm R/Bal. *8/8* mm

L/Bal. *8* mm L/Bal. *8/8* mm

D.O.A. *23/11/18* D.O.I. *07/12/18*

Survey held at *TOWER TRANSIT*

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

O/S Rear

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

Date / Time Action / Instruction

10/12/18 Insured amount of \$900.00 / 2 days of repair is claimed

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:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Weekend (\$)

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

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