

Surveyor

REF: AIG

ASSIGNMENT

From: Date: 3/12/18

Estimated Cost:

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

To Inspect Vehicle No: SLQ 5983J

at Workshop m/s Accord Auto

of 10 AMK Lind Park 2A #03-11

Insured:

Policy No.

Claims No.

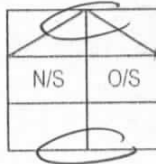
Sum Insured: Excess:

(Client's Record)

Make of Veh: After 11 am

(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: 5-7 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS lups

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLQ 5983J Yr Regn: 07, 17

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

Truck / Trailer or

Make: Toy Prius A C.C. 1797

Colour: L. Black A/C: Insured / Std / NI / NA

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

Eng/No:

C/No: Z VW 50 6080977

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 1P5/65R15

R:

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

TOYO / YOKO or Double Sta

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 26/11/18

Survey held at

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

8/151

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

Date / Time	Action / Instruction
4/12	File pass to Catherine

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, \$

Photos

Others

TOTAL

Report Format :

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

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