Surveyor Xml. | REF: LAC | 04994H

ASSIGNMENT

From: Date: 05.12.2018

Estimated Cost:

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

To Inspect Vehicle No: SMF 7319A

at Workshop m/s Volkswagen

of 1 Kampong Ampat Off Macpherson Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 3pm

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SMF 7319A Yr Regn: 22 Nov 2018

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

Make: Skoda octavia c.c 999

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

Sp.Reading 1294 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TMBBP7NE 2J 035712

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: 205/55 R16

R: "

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.		D.O.I.	05-12-18

Survey held at W/S 3pm

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

Report Format :

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