

REF: ASM(AKA)

Surveyor

ASSIGNMENT

From: Date: 10-12-2018

Estimated Cost:

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

To Inspect Vehicle No: SLS 4013U

at Workshop m/s Esteem Performance

of 385 Sin Ming Drive

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after Nam

(Policy Condition)

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

Bal. or Market Value: 883k

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 2-3 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLS 4013U Yr Regn: 09, 17

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

Truck / Trailer or

Make: Toy

C.C.

Colour: M. P. white

A/C: Insured / Std / NI / NA

Sp. Reading: 101236

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU103570604

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: DAVITA 195/65R15Rear: DAVITA

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 5 mm

L/Bal. 7 mm

L/Bal. 5 mm

D.O.A. 23/11/18

D.O.I. 10/12/18

Survey held at

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

Rear o/s

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

Date / Time Action / Instruction

11/12 File pass to Customer

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

Report Format :

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

☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

TOTAL