Surveyor Marcus. REF: ALH

ASSIGNMENT

From: Date: 13.12.2018

Estimated Cost:

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

To Inspect Vehicle No: FBK 2125D

at Workshop m/s A.S. Phoon

of Blk 3007 Ubi Rd 1 #01-436

Insured: 52/1909J

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Mr. Kue

(Policy Condition) 10:30am

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

N/S	O/S

Bal. or Market Value: 7500

IDAC Accident Rport: 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 2694C

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBK 2125D Yr Regn: 5 / 15

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

Make: P.G.O 1ME c.c 148

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

Sp.Reading 23175 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PFVBF3C5CF100015

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 120/70-12

R: 430-12

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	6 mm

D.O.A. 24.11.18 D.O.I. 13/12/18

Survey held at

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

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

Date / Time	Action / Instruction
	6 yrs 6 mth. LTA 3710

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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