Surveyor | REF: III

ASSIGNMENT

From: | Date: 11/12/18

Estimated Cost:

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

To Inspect Vehicle No: GU 5711E

at Workshop m/s Ah Lim Motor

of No. 10 AMK Ind. Park 2A # 01-09

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: 10.30 am

(Policy Condition)

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: days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: 8/20 | Person Contacted: | Vehicle: IN / OUT

Veh No: GU 5711E Yr Regn: 08/05

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

Make: Toy Hiace c.c : 2494

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

Sp.Reading 492551 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFH S02P2000 25789

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: 195R15X8

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	3/12/18	D.O.I.	11/12/18

Survey held at

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

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

Date / Time	Action / Instruction
12	File pass to Cotham

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: $ + RS, SI

Photos

Others

TOTAL

Report Format :

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