

Surveyor

REF: ASMLAXA1

ASSIGNMENT

From:

Date: 18-12-2018

Estimated Cost:

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

To Inspect Vehicle No:

SLV 8965E

at Workshop m/s

Ah Lim Motor

of

Blk 10 Amk Ind Park 2A

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

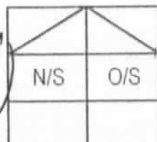
(Client's Record)

Make of Veh:

(Policy Condition)

1:30pm

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



Bal. or Market Value:

8183k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

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:

SLV 8965E

Yr Regn:

09, 14

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

Truck / Trailer or

Make:

Audi Q5

C.C

1984

Colour

M. D. Grey

A/C: Insured / Std / NI / NA

Sp/Reading

43805

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZZ8R3EA0-78310

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: Mic

R:

235/55R19

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

4

mm

L/Bal.

6

mm

L/Bal.

4

mm

D.O.A.

10/12/18

D.O.I.

18/12/18

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

19/12 File parts Certificate

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:

Add Fee:

☐

: Site Insp (\$

) \$ + RS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL