(08/11/19)

Surveyor:

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKA3339T. Yr Regn: 2017 / Dec

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

Make: Audi Q5 c.c 1984

Colour Bronze. A/C: Insured / Std / NI / NA

Sp.Reading 21632 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZFY6J2055456.

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: 235/55R19.

R: 235/55R19.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	02/01/19	

Survey held at Premium.

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

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

Date / Time	Action / Instruction
	TP A16

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL