

Surveyor

mercus

REF:

EQI

ASSIGNMENT

From:

Date:

16/1/19

Estimated Cost:

OD ☒ TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKA 1261X

at Workshop m/s

Kan look Sing

of

G1 Defn June 12

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

1pm owner waiting

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

206.

IDAC Accident Rpt:

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 ^{1pm}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SKA 1261X

Yr Regn:

1 / 11

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

Truck / Trailer or

(A)

Make:

Hyundai

Avante

c.c

1591

Colour

Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

180809

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHDU413MA4033887

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/65 R15

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

3/1/19

D.O.I.

16/1/19

Survey held at

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

Dep 1500

41A!4444

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:

) S + RS SI

) Photos

) Others

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL