Surveyor: Hwee Ie | REF: CTI | 1138 | JD

ASSIGNMENT

From: Date: 28/1/19

Estimated Cost:

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

To Inspect Vehicle No: SDY 8278J

at Workshop m/s: Automotive Repair

of: 38 woodlands Ind. park E1 #05-18

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Morning

(Policy Condition)

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

N/S	O/S
3	

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 (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDY 8278J Yr Regn: 31 Mar 2010

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

Make: Lancer GLX c.c 1584

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

Sp.Reading: 152387 T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: JMYSRCS8AAU000320

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: 195/60 R15

R: —

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

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

D.O.A. 8/1/19 D.O.I. 28/1/19

Survey held at Automotive

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

Date/Time, File Pass to?

1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S+RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL