

Surveyor

ASSIGNMENT

From:

Date:

25/01/2019

Estimated Cost:

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

To Inspect Vehicle No:

SJC 1399P

at Workshop m/s

Accord-Auto

of

10 AMK Ind. park 2A #03-11

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

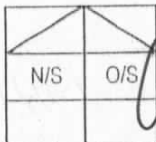
(Client's Record)

Make of Veh:

(Policy Condition)

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

11am
owner waiting



Bal. or Market Value:

822k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lump Sum

1/23

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

lup

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No.

SJC 1399P

Yr Regn.

01 / 08

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

Truck / Trailer or

Make:

Honda

C.C.

1339

Colour

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

104674

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GEE 1020693

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size:

F:

205/45R16

R:

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

12/1/19

D.O.I.

25/1/19

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

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 (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

) S + RS. SI

) Photos

) Others

Report Format :

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

TOTAL