Surveyor Rasul | REF: | 5838c

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: CB7301P

at Workshop m/s CONNECT 3

of 566, MOOMLANDS RD (CHANDAN ESTATE)

Insured ASM (AXA)

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10am

(Policy Condition) OWNER WAITING

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. CB 7301P Yr Regn: 2003 / NOV

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

Make: TOYOTA COASTER HR-D c.c 4104

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

Sp.Reading 446361 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTGFH53890200013

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: 7.00R16

R: " "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7/7 mm
L/Bal.	7 mm	L/Bal.	7/7 mm
D.O.A.	17/01/19	D.O.I.	22/01/19

Survey held at CONNECT 3

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? ☐ : 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 ($) __S + RS__SI

☐ Interview ($) Photos

☐ Tech Invs ($) Others

☐ Weekend ($)

TOTAL

Report Format :

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