NS/INC1900 2436 / NHD35

Surveyor: NA2 | REF: INC | LICE

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: FBE 305R

Policy No. 5103634443 (8/9/18 - 7/9/19)

Claims No. MTI 1032442-002

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

CIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 4414Y Yr Regn: 26 JUL 2012

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

Make: HYUNDAI SONATA c.c. 1,991

Colour BLUE A/C: Insur'd / Std / NI / NA

Sp.Reading 726 125 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMCA827947

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60 R16

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	5/2/19	D.O.I.	7/2/19

Survey held at (?) EDGE COYANG

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	INC L/S
	SHD 4414Y-X
	FBE 305R-X
	Lump Sum $1,600F CRed: (659.86; 29%)

RECEIVED 08 MAR 2019

Date/Time, File Pass to? 1) 8/3 Typist

Date/Time, File Return to? 2) _____

☐ : Prelil Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1 *Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____) S + RS SI

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____), Others

☐ : Weekend ($ _____)

TOTAL _____

Report Format : TP

Lump Sum / I.B.I: ($ 1600/-)