Surveyor: Rasul | REF: 2708/M(h) | 5006J

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLH 6346D

at Workshop m/s: KAH MOTOR

of

Insured: ICC

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.

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: SLH 6346D Yr Regn: 2016 / NOV

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

Make: HONDA ODYSSEY 2.4 A c.c. 2356

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

Sp.Reading: 047359 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRC1890GC207015

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: 215/55R17

R: -

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	08/02/19	D.O.I.	18/02/19

Survey held at: KAH MOTOR

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

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)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:) $ + RS SI

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech. Invs ($) ☐ Weekend ($)

) Photos

) Others

TOTAL

Report Format :

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