Surveyor: Rashid | REF: | 40558

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SGN 8855R

at Workshop m/s: TC AUTOCLINIC

of: 25, LENGKEE RD 111

Insured:

Policy No:

Claim No:

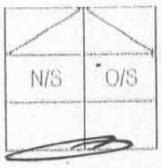
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 64 12pm Stamp

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



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: SGN 8855R Yr Regn: 2016 OCT

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

Make: NISSAN QASHQAI 1.2 c.c 1197

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

Sp.Reading: 29300 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SJNFEAJ11U1766144

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R17

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. 22/02/19 D.O.I. 27/02/19

Survey held at TC AUTOCLINIC

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 ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

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

) $ KRS $)

) Photos

) Others

) TOTAL

Date/Time, File Return to?

Report Format :

Lump Sum / I.B.I. / S