

(08/11/13)

REF: ASM(AA)

Surveyor

ASSIGNMENT

From: _____ Date: 28.3.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SKT 7823K

at Workshop m/s MBM
of 160 Sin ming drive

Insured: _____

Policy No. _____

Claims No. _____

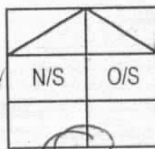
Sum Insured: _____ Excess: _____

(Client's Record)

93288668 (Danny)

Make of Veh: 10.00 - 10.30

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

"DS"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKT 7823K Yr Regn: 23/6/2015

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

Truck / Trailer or _____

Make: Toyota Wish 1.8 x c.c 1797

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

Sp. Reading: 103966 T/Radio: Insured / Std / NI / NA

Eng/No: 22R1516339

C/No: 2GE206020287

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: 195/65/15

R: 195/65/15

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. 4/3/19

D.O.I. 28/3/19

Survey held at

MBM wheelpower

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

Range 6,000/- - 8,000/-

MV 68,000/-

PV 53814/-

NV 14186/-

TCM Lin
1/4/19

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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