

Surveyor Taufik

REF: ASM (AxA)

ASSIGNMENT

From: _____ Date: 2.9.2019

Estimated Cost:

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

To Inspect Vehicle No: GBF 3741U

at Workshop m/s SNG Ah Tee

of Blk 3 Pioneer Road North 701-14

Insured: _____

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.

Bal. or Market Value: \$55K.

IDAC Accident Rpt: _____ 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 mp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBF 3741U Yr Regn: 2016 Sep.

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

Truck / Trailer or

Make: Toyota Dyna

c.c

2982

Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 118972

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTEAT 35XOK 206885

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: 145/R15

R: 155/R12

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A. _____

D.O.I. 2/9/19 @ 420pm

Survey held at Sng Ah Tee.

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 (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS. SI

Photos

Others

Report Format :

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

TOTAL