

(08/11/14)

REF: lpcSurveyorSteve

ASSIGNMENT

From:

Date: 5/04/2019

Estimated Cost:

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

To Inspect Vehicle No:

SKA 933Y

at Workshop m/s

Teamwork

of

53 ubi Ave / #01-25

Insured:

Policy No.

Claims No.

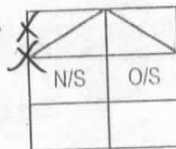
Sum Insured:

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:

IDAC Accident Report:

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 (up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKA 933YYr Regn: 1/10/10Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mercedes benz E 200

c.c

1796

Colour

White Silver

A/C: Insured / Std / NI / NA

Sp. Reading

165496

T/Radio: Insured / Std / NI / NA

Eng/No:

W00 2129482A 183969

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder Jammed / Leaked / Burnt orBrake: Inorder Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/45R17

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

27/3/19

D.O.I.

5/4/19

Survey held at

Teamwork

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

Front LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV - 44,000PV - 35,509NV - 8491

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. (\$