

108/11/14

Surveyor

REF:

ASM(CAXA)

1983F

ASSIGNMENT

From:

Date:

12/4/19

Estimated Cost:

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

To Inspect Vehicle No:

SLJ 8493M

at Workshop m/s

MOVA

of

Blk 1008 Bukit Meruh Jere 3 #01-04

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

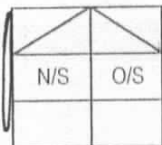
(Client's Record)

Make of Veh:

3pm

(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:

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:

SLJ 8493M

Yr Regn:

2013 / KK

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

Truck / Trailer or

Make:

Ford Kuga Trend 1.6 A c.c 1596

Colour

Brown

A/C: Insured / Std / NI / NA

Sp. Reading

106981

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WFOAXXWPMADG16084

Gen. Cond: Good / Fair / Poor / Burnt

Steering: (order) / Jammed / Leaked / Burnt or

Brake: (order) / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/45 2R19

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.

31/03/19

D.O.I.

12/04/19

Survey held at

MOVA

Des. of Damages: Frt / Rear / O/S / N/B / 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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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