

(08/11/13)

Surveyor

REF: ASM(CAxA)

6570/P1(A)

5679K

ASSIGNMENT

From:

Date: 18/4/2019

Veh No:

SGH 2020D

Yr Regn:

2018 / July

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

Estimated Cost:

Truck / Trailer or

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

To Inspect Vehicle No: SGH 2020D

Make:

MITSUBISHI ECLIPSE 1.5 C.C 1499

at Workshop m/s

Colour:

RG

A/C: Insured / Std / NI / NA

of

Sp. Reading

061796

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

C/No:

JMAXTHK/WJ2602787

Policy No.

Gen. Cond: Good / Fair / Poor / Burnt

Claims No.

Steering: In order / Jammed / Leaked / Burnt or

Sum Insured:

Excess:

Brake: In order / Jammed / Leaked / Burnt or

(Client's Record)

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

Make of Veh:

3pm

Tyre Size:

F:

225/55R18

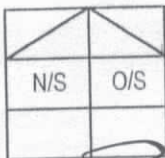
R:

(Policy Condition)

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

TOYO / YOKO or

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



Bal. or Market Value:

113K

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

06/04/19

D.O.I.

14/04/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

C8C (PA)

CA / REV / REP. / 24 HRS up

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

Rear O/S

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report

Days Of Repair:

1)



: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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