

(05/11/14)

Surveyor

Tanjil

REF:

AYU

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

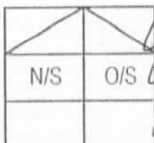
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$100K.

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKC 995H Yr Regn: 2019, Jan.

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

Truck / Trailer or

Make:

Volkswagen Golf

C.C. 1395

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

3392

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZ72M7KW040702

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F: 225/45R17

R:

9.5

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

TOYO / YOKO or

Front

Rear

R/Bal.

67 mm

R/Bal.

67 mm

L/Bal.

67 mm

L/Bal.

67 mm

D.O.A.

D.O.I.

2/5/17

Survey held at

Volkswagen

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

17 Tubs are 9

Rebate: \$40,071

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:

\$ + RS, \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Report Format :

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