(09/11/13)

Surveyor

REF: RWD

ASSIGNMENT

From: Date: 8/5/19

Estimated Cost:

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

To Inspect Vehicle No: GU 1297K

at Workshop m/s zero Gravity

of akaki Blkt Ave 2 #01-25

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Morning

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $ 11k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / up Ref 3671

Vehicle: IN / OUT

Date: Person Contacted: 1yrs full.

Veh No: GU1297K Yr Regn: 1101

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CM/

Make: Nissan Cabstar c.c 3153

Colour Green A/C: Insured / Std / NI / NA

Sp.Reading 285667 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1SFKF23Z0842923

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: 195/60 R15

R: 155 R12 DUN

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.	29/4/19		D.O.I.	8/5/19	

Survey held at

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

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

Date / Time	Action / Instruction
	GOE 18-1-2021 LTA $5329
10/5/19	6/5 $3500 confirmed with Steady

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: ($)