

08/11/14

REF: EQ1

8000/14 J.

Surveyor

ASSIGNMENT

From:

Date: 27.5.2019

Estimated Cost:

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

To Inspect Vehicle No:

STK 7802E

at Workshop m/s

Lui Huat

of 160 Sin Ming Drive #04-01/02

Insured:

Policy No.

Claims No.

Sum Insured:

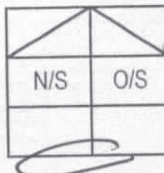
Excess:

(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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

"up"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

STK 7802E Yr Regn: 10, 15

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

Truck / Trailer or

(A) Wagon

Make:

Honda CRV C.C. 2354

Colour

M. Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

45162

T/Radio: Insured / Std / NI / NA

Eng/No:

MR1HRM3850GP000160

C/No:

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:

225/60R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

J mm

R/Bal.

J mm

L/Bal.

J mm

L/Bal.

J mm

D.O.A.

4/5/19

D.O.I.

27/5/19

Survey held at

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

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:

S + RS, SI

Photos

Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)