

Surveyor

ASSIGNMENT

From:

Date:

24.5.2019

Estimated Cost:

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

To Inspect Vehicle No:

SMF 203X

at Workshop m/s

Autolution Industrial

of

19 ubi Road 4

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

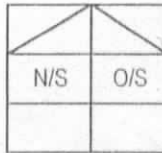
(Client's Record)

Make of Veh:

200p.m

(Policy Condition)

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



Bal. or Market Value:

65/k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

LB/

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

emp' 27A 27815

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMF 203X

Yr Regn:

10/18

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

Truck / Trailer or

CA/

Make:

Nissan Note

C.C

1188

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

9402

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JNITAAE1220982369

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/65 R 15

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

P

mm

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

21/5/19

D.O.I.

24/5/19

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

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, \$

Photos

Others

TOTAL

Report Format :

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

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)