Surveyor Steve | REF:

ASSIGNMENT

From | Date:

Estimated Cost

QD / 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.

N/S	O/S
X	X

Bal. or Market Value:

IDAC Accident Rport: 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 SLC 493C | Yr Regn. 29/4/16

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

Make: KIA Forte | cc 1591

Colour White | A/C Insured / Std / NI / NI

Sp.Reading 65364 | T/Radio: Insured / Std / NI / N.

Eng/No:

Ch/No: KNAF2411MG560188

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: 215/45R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	11/6/19	D.O.I.	14/6/19

Survey held at Team work

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

MV-63K

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Report Format :

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