

108/11/134

REF:

A19

12549/10

Surveyor

ASSIGNMENT

From:

Date:

2.9.2019

Estimated Cost:

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

To Inspect Vehicle No:

SLM 89726

at Workshop m/s

Esteem Performance

of 385 sin ming drive

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

1.6.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLM 89726

Yr Regn:

04, 17

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

Truck / Trailer or

Make:

Toy Pius A)

C.C

1798

Colour

M. Pike

A/C:

Insured / Std / NI / NA

Sp.Reading

275195

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK1331U 803555372

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 / R/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

12/7/11P

D.O.I.

2/9/11P

Survey held at

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

N/S R

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 (\$