

08/11/13)

Surveyor: KalvinREF: NS/INC19017480/K26F302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: PC1517PPolicy No. 5107762199 (26/02/2019-25/02/2020)Claims No. MT/1065352-002

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA4441J Yr Regn: 14 Sep, 2016

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 573466 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKBF9503529425

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: 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 Yokohama

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/10/19 D.O.I. 3/10/19Survey held at C/DGE (Loyang)

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

n/s front

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

Date / Time Action / Instruction

PC1517P :X

SHA4441J : CC4/ASM180103cc/K26F302 DOA: 03/10/2018

7/10/19 Calvin 1/5 \$2650/ 3 Reps. (Red: 3724.50; 50%)

22/09/20 Finalised amount should be LS \$3,650.00 instead \$2,650.00. (Red 3473.60 ; 48%)

Re-open file to amend to LS \$3,650.00 Celine 22/09/2020

RECEIVED 09 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report

1) 9/10 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: ✓Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 160

Transportation: _____

S + RS \$ _____

Photos

160