Surveyor Stem | REF: CTI

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.

Policy No.

Claims No.

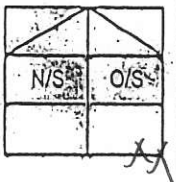
Sum Insured: Excess:

(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 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: SCR7190T Yr Regn: 17/12/15

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

Make: Nissan X-Trail c.c 1997

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 64302 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: JN1JANT32Z0091232

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R17

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	13/12/19	D.O.I.	30/12/19

Survey held at TC Autoclinic

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

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

Date / Time	Action / Instruction
	MV-70K
17/3/20	Finalle $2,490.52, 5 days (Shawn) CRed 10389.28 (80%)

RECEIVED 17 MAR 2020

Date/Time, File Pass to?
1) 17/3 Typist

Date/Time, File Return to?
2)

[ ] : Proll. Report
[x] : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech Invs ($)
[ ] : Weekend ($)

Survey Fee: 220

Transportation: S + RS S1

Photos

Others

TOTAL 220

Report Format :

Lump Sum / I.B.I: ($ 2,490.52)