Surveyor Steve | REF: LPC

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

At Workshop m/s

/

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

Val. or Market Value:

DAC Accident Rport: Consistent? : Yes or No

IA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

A / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMP 1878P Yr Regn: 14/9/19.

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

Make: Nissan Note c.c 1198

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

Sp.Reading 9060 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: JN1TAAE12Z0983108

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: 185/55R15

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.	21/2/20	D.O.I.	24/2/20

Survey held at SK Automblk

Dos. 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-58K
	9253.47
	103.49

Date/Time, File Pass to? ☐ : Proll. Report ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

Add Fee: ☐ : Site Insp ($) ___S + RS___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($) ..

Report Format :

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

TOTAL