

08/11/22

Surveyor

REF:

CS/TP15019573/Kiqb d

ASSIGNMENT

From: _____ Date: 17/11/10

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 5745R

at Workshop m/s Transcat.

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 5745R Yr Regn: 3 July 12/15

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995

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

Sp. Reading: 22310 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ADL15AUC281652

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: 215/60 R/ 6

R: _____

BS / DUN / EXNOVA / 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. _____ D.O.I. 17/11/15 1430hrs

Survey held at Transcat

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

Rear

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

Date / Time Action / Instruction

Independent Report

SHC 5745R-x

13/1/16 Finalised P/P \$12594 / 5 Days (Red: 33594.37, 73%)

Date/Time, File Pass to?



Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:

- ☐
- Site Insp (\$)
-
- ☐
- Interview (\$)
-
- ☐
- Tech. Invs (\$)
-
- ☐
- Weekend - (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

36 x 15 = 540

540 + 170

50

50

52

80

942

Report Format: TP

Lump Sum / (E): (\$ 12594)