Surveyor Steve | REF: MSIG

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)

N/S	O/S

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: YQ 1030X Yr Regn: 24/6/19

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

Make: ISUZU NPR85. c.c 2999

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

Sp.Reading 35199 T/Radio: Insured / Std / NI / NA

Eng/No

C/No. JAANPR85HJ7100659.

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

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

Tyre Size: F: 205/85R16

R: "

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 2/3/20 D.O.I. 5/3/20

Survey held at Car Port Auto

Des. 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-80K PRS
	P/P 4325.65; Red: 1858.08 34%)

RECEIVED

Date/Time, File Pass to?

1) 13/4/ Typist

: Proll. Report

: Final Report

Date/Time, File Return to?

2)

Report Format: PRS

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

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: Site Insp ($

Interview ($

Tech Invgt ($

Weekend ($

Survey Fee:	130
Transportation: ( ) ___$ + RS___5/	
) Pix	
) Others	11
)	
TOTAL	141