

Surveyor Kelvin

REF:

ASSIGNMENT

5 Nov 2014

From: _____ Date: 28/4/14
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SHB2144
 at Workshop mis: SMR 164
 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: _____ 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: SHB2144 Yr Regn: _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prim cc 1798
 Colour: Maroon A/C: Insured 6 / Std / NI / NA
 Sp Reading: 259140 T Radio Insured 6 / Std / NI / NA
 Eng No: _____
 C No: 570K2364 805752585
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Inorder 6 / Jammed / Leaked / Burnt or
 Brakes: Inorder 6 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD 6 / Rim or
 Tyre Size: F: Car 65 R16
 R: _____

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

Front 7 mm Rear 7 mm
 R/Bal. 7 mm L/Bal. 7 mm
 D.O.A. _____ D.O.I. 28/4/14 1125h
 Survey held at: SMR 164

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

TAX / 04/4/2181

UKK

AXM SLB 6230K

Date/Time File Pass 10?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

☐ S + AS (\$)

☐ Photos

☐ Other

TOTAL

Report Format: _____

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