

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENTFrom: _____ Date: 1/3/12

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMB27 92at Workshop m/s Super 64

of _____

Insured: _____

Policy No. _____

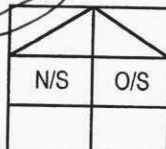
Claims No. _____

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 Rpt: _____ 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: SMB27 92 Yr Regn: Jan, 2012Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAN NL320F c.c. 10518Colour: White A/C: Insured / Std / NI / NASp. Reading: 608102 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA22721C7001345Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 275/70 R15

R: _____

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

Front

Rear

R/Bal. 4 mm R/Bal. 4.4 mmL/Bal. 4 mm L/Bal. 4.4 mmD.O.A. 20/1/16 D.O.I. 1/3/12 10:00hSurvey held at Super 64Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orN/S FrntThe U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

CT2

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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