

Surveyor: *Pam*

REF: MSIG

ASSIGNMENT

From: _____ Date: 16/11/2018

Estimated Cost: _____

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

To Inspect Vehicle No: GBD 752 Y

at Workshop m/s Kuo Li Auto

of BIK 5035, AMK Ind. Park 2 #01-363

Insured: _____

Policy No. _____

Claims No. _____

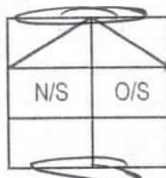
Sum Insured: _____ Excess: _____

(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: 5 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD 752T Yr Regn: Jun / 14

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

Truck / Trailer or

Make: NISSAN CASSIORE C.C. 2953

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

Sp. Reading: 76154 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN18C 2F 2420885718

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: 195R15Z

R: 155R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 6/6 mm

L/Bal. 7 mm L/Bal. 6/6 mm

D.O.A. 13/11/18 D.O.I. 16/11/18

Survey held at Kuo Li 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

Estimate repair range \$4,800 - \$6,000.

RECEIVED 23 NOV 2018

21/11/2018

31/08/20 Submit LS \$2050, 4 days (Red \$1550, 43%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 31/08 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: -

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

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Report Format: ~~PRE~~ MER-TPLump Sum: ~~11.00~~ (\$ 2050)

120

10

130