Surveyor NA2 | REF: ~~CH~~

ASSIGNMENT

From: Date:

Estimated Cost:

CO / 72 HRS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at workshop m/s

Insured:

Policy No:

Claim No:

Sum Insured: Excess:

(Client's Record)

Survey Date:

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.

N/S	O/S

Sum Market Value

UAC Accident Report: Consistent? : Yes or No

C / PR Claim: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % O Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 3097 R Yr Regn: 27 MAR 2014

Type: M.Car / M.Cycle / BUS / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailor or

Make: HYUNDAI. I40 c.c. 1,685

Colour: BLUE A/C: Insured / Std / Nil / NA

Sp.Reading: BATTERY MELTED T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: KMHLB41UMEU052943

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: 11

BS / DUN / EXHOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or HANKOOK

Front		Rear	
R/Bal.	BURNT mm	R/Bal.	BURNT mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	10/8/2020	D.O.A.	13/8/2020

Survey held at: COMFORT LOYANG

Dos. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or BURNT.

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

Date / Time	Action / Instruction
	COE Rebate $19,237.00
	vehicle severely burnt: not economical to repair. recommend total loss.

Date/Time File Passed? : Prelim Report

: Final Report

Date/Time File Returned?

26/8/20-Typist

Report Format:

Lump Sum: T.B.I. ($

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($) S-N-S $

: Interview ($) Photos

: Tech. Inv ($) Other

: Weekend ($

Inv $500

Survey Fee:

Transportation

TOTAL