

Surveyor Steve

REF: CS3/LPC 20006122/E+3

PRS

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: _____
 (Client's Record) _____
 Make of Veh: _____

Veh No: SML 5710J Yr Regn: 27/5/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /
 Truck / Trailer or
 Make: Honda Vezel C.C. 1496
 Colour: Red AC: Insured / Std / NI / NA
 Sp. Reading: 016794 T/Radio: Insured / Std / NI / NA

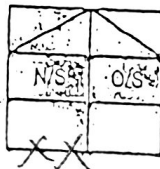
Eng/No: _____
 CiNo: R4 11313945
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: NII / SRM / STD A/Rlm or
 Tyre Size: F: 215/60R16
 R: "

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

Front: 4 mm Rear: 4 mm
 R/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 1/6/20 D.O.I. 4/6/20

Survey held at TSA Transport
 Dos. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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



(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

Date / Time _____ Action / Instruction
MR-79K

lump sum 4750, 4days
 (red: 3450;42%)

Date/Time, File Pass to? ☐ : Proll. Report
☐ : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: _____

Report Format : _____
 Lump Sum / I.B.I. (\$) _____
 Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

) \$ + RS. SI

) P/Bal.

) Others

)

TOTAL