(08/11/13)

Surveyor: MA

REF:

ASSIGNMENT

From: Date: 15.10.2015 (AIG)

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Autowork House

of Blk 176 Sin Ming Drive # 02-01

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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 'WP'

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: S GN807 3E Yr Regn: NOV / 06.

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or

Make: Toy ACTIC c.c 1598.

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 132508 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MRCG32EC 107133 0K.

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 185/70/R14

R: —

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	13/10/2015	D.O.I.	15/10/2015

Survey held at —

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

Report Format :

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