

Surveyor

REF: CS4/ASM200/2443/Pqd3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FBP 67A
 at Workshop m/s M1. Motoring (Changi)
 of _____
 Insured: _____
 Policy No. _____
 Claims No. SOM02WWJ
 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: 15K
 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: FBP67A Yr Regn: 2019 Feb
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Yamaha Xmax300 c.c. 292
 Colour Black A/C: Insured / Std / NI / NA
 Sp. Reading NIL T/Radio: Insured / Std / NI / NA
 Eng/No: H336E0048385
 C/No: MH38H084KK 005925
 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: 120/70-15
 R: 120/70-15

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>09/11/2020</u>	D.O.I. <u>13/11/2020</u>

Survey held at M1 motoring (Changi)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Whole motorcycle was burnt. Total Loss.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>PARF \$ 2,385.</u>
	<u>MV: \$15,000.</u>
	<u>NL: \$12,615.</u>

18/11/20@5.33pm revert to Richard Ang via Smart Claim. (T/L)

27/11/20 Submit Extensive Total Loss Report.

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

1) 27/11 Typist
 Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS _____ SI
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : O/S
☐ : Weekend (\$ _____)

Report Format : Smart Claims-TL/E

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

SCDF

170/-

TOTAL