Surveyor: Tanjohn REF: ATH

ASSIGNMENT

From: Date: 04.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SLH 8545H

at Workshop m/s Performance

of 303 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Han.

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SLH8545H Yr Regn: 2016 / NOV

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

Make: BMW X1 c.c 1499

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

Sp.Reading 110/8 T.Radio: Insured / Std / NI / NA

Eng/No:

C/No: WB17HSL 20503 F02456

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: 225/50R18

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	4/12/17 @ 510pm

Survey held at PML

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Frt n/s

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

Date / Time	Action / Instruction

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

1) ☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ ☐ : Interview ($ ☐ : Tech. Inv's ($ ☐ : Weekend ($

Report Format :

Lump Sum / I.B.I: ($

Survey Fee:

Transportation: ($ + PS $)

Photos

Others

TOTAL