Surveyor: Rabie REF: III 12913

ASSIGNMENT

From: Date: 07122017

Estimated Cost:

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

To Inspect Vehicle No: SKP 2E

at Workshop m/s: MBM Wheelpower

of: 160 Sin Ming Drive #06-02

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Danny - 9328 8668 3pm

(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: SKP 2E Yr Regn: 2015 DSC

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

Make: TOYOTA VELLFIRE 2.5ZA cc: 2493

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

So.Reading: 27850 T.Radio: Insured / Std / NI / NA

Eng.No:

C/No: AAH30 0001569

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40ZR20

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	17/11/17	D.O.I.	07/12/17

Survey held at: MBM Wheelpower

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

O/S FRT

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:

Survey Fee:

Transportation:

Photos:

Others:

Add Fee: ☐ Site Insp $

☐ Interview $

☐ Technical $

☐ Weekend $

Report Format :

Lump Sum / I.B.I: $