Surveyor: [illegible] REF: AXA AW 1810 24/2/18 Mears / 72484

ASSIGNMENT

From: Date: 15/02/18

Estimated Cost:

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

To Inspect Vehicle No: SQ11D

at Workshop m/s: Performance

of: 303 Alexandra Rd

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record) 11 am @ owner

Make of Veh: waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: 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: SQ11D Yr Reg: 2010 OCT

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

Make: B.M.W 523 I A 2.5 cc: 2497

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

Sp.Reading: 175454 T/Radio: Insured / Std / NI / NA

Eng No:

C No: WBAFP32050C546288

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/45R18

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.	03/02/18	D.O.I.	15/02/18

Survey held at: PERFORMANCE

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: [ ] : Preli. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time File Return to:

Add Fee: [ ] Site Insp. $

[ ] Interim $

[ ] Tech. Insp. $

[ ] Assessment $

Report Format:

Lump Sum / I.B. / $

Survey Fee:

Transportation:

Photo:

Other: