Surveyor: Rame | REF: LCR | 69060

ASSIGNMENT

From: | Date: 06/03/2018

Estimated Cost:

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

To Inspect Vehicle No: SJT 1692

at Workshop m/s Performance

of 303 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Gony

(Policy Condition) 11am owner waiting

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: SJT 1692 | Yr Regn: 2013 / Jan

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

Make: B.M.W X5 XDRIVE 3.0 | c.c: 2979

Colour: BLACK | A/C: Insured / Std / NI / NA

Sp.Reading: 069736 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAZV42030L493746

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Morder / Jammed / Leaked / Burnt or

Brake: Morder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/50R19

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.	18/02/18	D.O.I.	06/03/18

Survey held at PERFORMANCE

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:

Survey Fee:

Transportation: ($ + RS $)

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech. Invs ($) ☐ Weekend ($)

Photos

Others

Report Format :

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

TOTAL