

Surveyor Ram

REF:

5183B

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKT 4928Hat Workshop m/s PERFORMANCE

of _____

Insured: AN

Policy No. _____

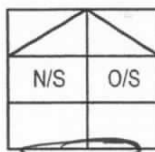
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

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: SKP 4928H Yr Regn: 2013 / JanType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: B.M.W X3 c.c. 1997Colour: Red A/C: Insured / Std / NI / NASp. Reading: 52459 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAWX92030LL18567Gen. Cond: Good / Fail / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 235/402R20R: 2'BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 28/03/18 D.O.I. 08/05/18Survey held at PERFORMANCEDes. 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

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Report Format : _____

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

Survey Fee:

Transportation:

TOTAL