Surveyor | REF: AIG

ASSIGNMENT

From: | Date: 10/04/2018

Estimated Cost:

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

To Inspect Vehicle No: SJE1616Y

at Workshop m/s Performance Motor

of 363 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record) Before 12pm

Make of Veh: Inthiran

(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 (wp)

Date: Person Contacted: Vehicle: IN / OUT

Veh No. SJE1616Y Yr Regn: 30/5/2017.

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

Make: BMW 218 c.c 1499

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 11012 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA2F12000V886024.

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: 225/45R17

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	29/3/18	D.O.I.	10/4/18

Survey held at Performance Motor

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) ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to? 2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: ___S + RS ___SI

Photos

Others

TOTAL