

Surveyor *Tajir*

REF: *HLG*

8736/71 na3 - ②

ASSIGNMENT

From: _____ Date: *21052018*

Estimated Cost: _____

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

To Inspect Vehicle No: *SLU 3642A*

at Workshop m/s *Performance*

of *303 Alexandra Rd*

Insured: _____

Policy No. _____

Claims No. _____

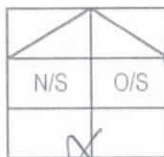
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: *Han*

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: *flay*

Veh No: *SLU 3642A*

Yr Regn: *217 Nov*

Type: *Car* / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

BMW X1

Make: _____

c.c

1499

Colour *Black*

A/C: Insured / Std / NI / NA

Sp. Reading *4828*

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WBA JG12050EE61765

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:

225/50R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / *PIR* / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. *6* mm

mm

R/Bal. *6* mm

mm

L/Bal. *6* mm

mm

L/Bal. *6* mm

mm

D.O.A. _____

D.O.I. *21/5/18 @ 3pm*

Survey held at *PHL*

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

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS. SI

) Photos

) Others

Report Format : _____

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

TOTAL