Surveyor Taufik REF: ASM(AXA)

ASSIGNMENT

From: Date: 11.06.2018

Estimated Cost:

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

To Inspect Vehicle No: SJT 707X

at Workshop m/s Performance

of 303 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Chev.

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 9097K,

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 707X Yr Regn: 2012, Sep.

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

Make: BMW 528I c.c 1997.

Colour Black A/C: **Insured** / Std / NI / NA

Sp.Reading 123991 T/Radio: **Insured** / Std / NI / NA

Eng/No:

C/No: WBAXG32060DX82710

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: 245/40R 17

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MICH / 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.		D.O.I.	11/6/18 @11am

Survey held at PML

Des. of Damages : **Frt** / **Rear** / **O/S** / **N/S** / **U/C** / **Rooftop** or

Frt O/S

The **U/C** / **Chassis frame** / **Body Structure** affected due to collision.

Date / Time	Action / Instruction
	2808

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	___S + RS___SI
Photos	
Others	
TOTAL	