[illegible] Taufikh | REF: AIG 17390/7/1w93, (c)

[illegible]

From: Date:	Veh No: SKD4204 Yr Regn: 2011 Oct
Estimated Cost:	Type: Motor / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: BMW 523I cc: 2497
To Inspect Vehicle No:	Colour: Blue A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading: 96193 T/Radio: Insured / Std / NI / NA
of	Eng/No:
Insured:	C/No: WBAFP3207CC867185
Policy No:	Gen. Cond: Good / Fair / Poor / Burnt
Claims No:	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:	Tyre Size: F: 225/55R17 R: " "
(Policy Condition)	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Remark: The veh had commenced its repair at the time of inspection. N/S O/S X	
Bal. or Market Value:	Front R/Bal. 6 mm; Rear R/Bal. 6 mm
IDAC Accident Rport: Consistent? : Yes or No	Front L/Bal. 6 mm; Rear L/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	D.O.A. D.O.I. 20/8/18
Est. Repairs: days Res.: Yes or No	Survey held at: PML
Lum Sum: % 3 Val Yes or No	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	
Date: Person Contacted: Vehicle: IN / OUT Chua	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$
[ ] Interview S$
[ ] Tech Insp S$
[ ] Weekend S$

Survey Fee:
Transportation

Report Format:
Lump Sum / I.B.L.