

Surveyor

Tamlin

REF:

AKA

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

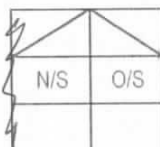
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

9/65K.

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

11 am

Date:

Person Contacted:

Vehicle: IN / OUT
In/Out

Veh No. SLJ 1161S.

Yr Regn: 2016, July.

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

Truck / Trailer or

Make: BMW 430I

C.C. 1998

Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 35276

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA4D920869385724

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:

245/35R19

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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.

24/8/18 @ 11 am.

Survey held at

PM L

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:

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

: S + RS, SI

: Photos

: Others

TOTAL