REF: ASMCAXA)

Surveyor

ASSIGNMENT

From: Date: 31.10.2018

Estimated Cost:

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

To Inspect Vehicle No: SJW 757K

at Workshop m/s MBM Wheelpower

of 160 Sin Ming Drive #06-02.

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

11am

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $199k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SJW 757K Yr Regn: 06 / 14

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

Make: Porsche (A) Cayenne c.c 3598

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

Sp.Reading 83153 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WP1ZZZ92ZLA07470

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: —

R: 265/50R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRELLI / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	7 mm	R/Bal.	9 mm
L/Bal.	7 mm	L/Bal.	9 mm
D.O.A.	25/10/18	D.O.I.	31/10/18

Survey held at

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

O/S Rear

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

Date / Time	Action / Instruction
1/11	File pass to Catherine

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : 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