

Surveyor

Pasan

REF:

ASM (XAX)

Wbre/pleas

71046

ASSIGNMENT

From:

Date:

10-12-2018

Estimated Cost:

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

To Inspect Vehicle No:

SBU 778E

at Workshop m/s

Performance

of

303 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

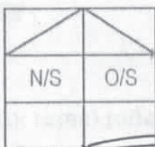
Make of Veh:

Interran

(Policy Condition)

Before 12pm

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



Bal. or Market Value:

140K

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 DS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBU 778E

Yr Regn:

2015 / APR

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

Truck / Trailer or

Make:

B.M.W X4 XDRIVE 28I C.C 1997

Colour:

BLACK

A/C:

Insured / Std / NI / NA

Sp. Reading

74280

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBAKW320X00F 78-778

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/45R18

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

20/11/18

D.O.I.

10/12/18

Survey held at

Performance

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

Rear o/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

☐

: Site Insp (\$

) S + RS SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL