Surveyor: Taufiq | REF: ASM(AXA)

ASSIGNMENT

From: | Date: 28012019

Estimated Cost:

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

To Inspect Vehicle No: SKX 1129A

at Workshop m/s: Performance

of: 303 Alexandra Rd

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Yuguel

(Policy Condition)

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

N/S	O/S
	X

Bal. or Market Value: $130K

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: SKX 1129A Yr Regn: 2015 Nov

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: 160166 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAFS1AS2040G389825.

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: 275 / 40R18

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.	1 mm
D.O.A.		D.O.I.	28/1/19

Survey held at: PML.

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?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation ( ) S + RS SI

Add Fee: ☐ Site Insp ($) Photos

☐ Interview ($) Others

☐ Tech. Invs ($)

☐ Weekend ($)

TOTAL

Report Format :

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