Surveyor: Taufiq | REF: EQL | 1803171(P)

ASSIGNMENT

From: | Date: 28012019

Estimated Cost:

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

To Inspect Vehicle No: SLP 2710U

at Workshop m/s: Performance

of: 303 Alexandra Rd

Insured:

Policy No.:

Claims No.:

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Yaguel

(Policy Condition)

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

N/S | O/S

Bal. or Market Value:

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. SLP2710U Yr Regn: 2017 Mny.

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

Make: BMW 318I c.c 1499.

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 49571 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA BE3 600 NU 78982

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: 225/50R17

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.	28/1/19

Survey held at: PWL

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: ($)