Surveyor: Farm | REF: 2012/M (e).

ASSIGNMENT

21376

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No: SCF 2998R

at Workshop m/s: PERFORMANCE

of: 303, ALEXANDRA RD

Insured: AXA

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 140k

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: SCF 2998R | Yr Regn: 2015 SEP

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

Make: B.M.W X3 XDRIVE 28I | c.c: 1997

Colour: GREY | A/C: Insured / Std / NI / NA

Sp.Reading: 35257 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAWX9205 00F72480

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: 245/50 R19

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.	29/01/19	D.O.I.	27/02/19

Survey held at: PERFORMANCE

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

: Final Report

Date/Time. File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: | Site Insp ($ |) $ +RS. SI

Interview ($ |) Photos

Tech Invs ($ |) Other

Weekend ($ |)

TOTAL

Report Format:

Lump Sum / I.B.F. (S