Surveyor: Taufikh | REF: LCR.

ASSIGNMENT

From | Date

Estimated Cost

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

To inspect Vehicle No

at Workshop m/s

of

Insured

Policy No

Claims No

Sum Insured | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S
	X

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

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: Joseph

Veh No: SLE6075B | 1st Regn: 2016. July

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

Make: BMW 216D | c.c: 1496

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

Sp.Reading: 99667 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA2B32000V260061

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: 205/60R16

R: " "

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. | D.O.I. 4/3/17.

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? | [ ] : Preli. Report

1) | [ ] : Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] Site Insp ($)
[ ] Interview ($)
[ ] Tech Invs ($)
[ ] Weekend ($)

Survey Fee:

Transportation

) S+PS SI

) Photos

) Other

)

Total

Report Format

Lump Sum / LB / B