

Surveyor: *Steve*

REF: AIG

ASSIGNMENT

From: _____ Date: *2/4/2019*

Estimated Cost: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: *ER 183B*at Workshop m/s *performance*
of *303 Alexandra Road*

Insured: _____

Policy No. _____

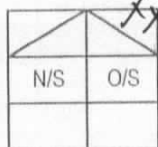
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: *chua*

(Policy Condition)

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

Bal. or Market Value: _____

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 *up*

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *ER 183B* Yr Regn: *30/10/14*Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *BMW 428i* C.C. *1997*Colour: *Blue* A/C: Insured / Std / NI / NASp. Reading: *60849* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *WDA4A52090GA 69107*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim orTyre Size: F: *225/45R18*R: *1*

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

TOYO / YOKO or *Firelli*

Front

Rear

R/Bal. *7* mm R/Bal. *7* mmL/Bal. *7* mm L/Bal. *7* mmD.O.A. *13/3/19* D.O.I. *2/4/19*Survey held at *performance*

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

Front RH

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

Date / Time Action / Instruction
MV- 172,000

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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