

(08/11/13)

Surveyor: Pame

REF:

6029/P1 0

63388

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLN 28Eat Workshop m/s PERFORMANCE

of _____

Insured: AKH

Policy No. _____

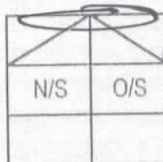
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLN 28E Yr Regn: 2015 / NOVType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: B.M.W 740 L7C.C. 2998Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 53491

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WHA 7E22050 6099682

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

245/40R20

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 02/04/19D.O.I. 09/04/19Survey held at PERFORMANCEDes. of Damages: FR / 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

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

S + RS, \$ _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Invs (\$ _____)

Others _____

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

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