Surveyor Jason | REF: AIG 110731/P1(2) | 7527E

ASSIGNMENT

From: | Date: 15.7.2019

Estimated Cost:

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

To Inspect Vehicle No: SCM 678R

at Workshop m/s Performance

of 303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition) Hm.

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 mp''

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SCM 678R Yr Regn: 2014 / Jun

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

Make: B.M.W 520I AT c.c 1997

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

Sp.Reading 119861 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA JA 3201 0D 334786

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: 225/55R17

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. 18/07/19 D.O.I. 15/07/19

Survey held at PERFORMANCE

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL