Surveyor **Steve**   REF: **AIG**

ASSIGNMENT

From: Date:	Veh No: **SKS 123Z** Yr Regn: **29/7/16**
Estimated Cost:	Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: **BMW 730Ll** c.c **1998**
at Workshop m/s	Colour **Brown** A/C: Insured / Std / NI / NA
of	Sp.Reading **51925** T/Radio: Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	C/No: **WBA 7E 02010 G 244984**
Claims No.	Gen. Cond: (Good) / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (In order) / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (In order) / Jammed / Leaked / Burnt or
Make of Veh:	Modl : Nil / (S/Rim) / STD A/Rim or
	Tyre Size: F: **245/50R18**

(Policy Condition)

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

R: ('

	N/S	O/S

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

TOYO / YOKO or   **Pirelli**
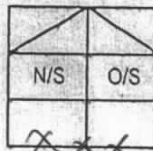
	Front		Rear	
Bal. or Market Value:	**Front**		**Rear**	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. **5** mm		R/Bal. **5** mm	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. **5** mm		L/Bal. **5** mm	
Est. Repairs: days Res.: Yes or No	D.O.A. **25/9/19**		D.O.I. **15/10/19**	
Lum Sum: % 3 Val.: Yes or No	Survey held at **Performance**			

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time	Action / Instruction
	MV-220K

Date/Time, File Pass to?   ☐ : Prell. Report

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Invs ($

☐ : Weekend ($

Survey Fee:

Transportation:

) __ S + RS. __ SI

) Photos

) Others

) ..

TOTAL