Best Regards
T Roy Goh
Claims Advisor

Surveyor: Steve

REF: UOI CS/UOI20002424/Esf3e2

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: $750

(Client's Record)

Make of Veh:

(Policy Condition)

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKP 6553 S Yr Regn: 30/9/14

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

Make: BMW 316i c.c 1598

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

Sp.Reading 169557 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA3A16060NS37826

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. D.O.I. 12/2/20

Survey held at Performance Motors

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
F4 LH

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

Date / Time	Action / Instruction
	MV- 67,000 13/2/20 Inform Khairi TL K repair Trial
	RV- ~~50,252~~ 50232
	NV- ~~16,748~~ 16768

Date/Time, File Pass to? : Prell. 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 ($

Report Format :

Lump Sum / I.B.I: ($

21x25=525

Survey Fee:	250+525
Transportation:	60
S + RS + SI	80+80
Photos	116
Others	
TOTAL	1111