Surveyor Steve | REF: CS/AG12000 5995/Evf3

ASSIGNMENT

From: PRS 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.

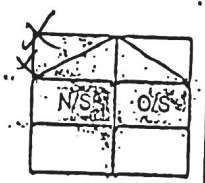
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PP Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SOZ 848L Yr Regn: 4/5/09

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

Make: BMW X6 c.c 2979

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

Sp.Reading 94350 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA FG420 30L J 78376

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 295/30ZR22

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

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

D.O.A. 11/5/20 D.O.I. 28/5/20

Survey held at Automotic Holding, Synergy

Dos. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Frnt LH

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

Date / Time	Action / Instruction
	MV- 100K

Date/Time, File Pass to? 1) ☐ : Proll. Report ☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to? 2) 1/6/20-Typist

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

Photos

Others

TOTAL

Report Format : PRS

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