Surveyor Steve | REF: CC4/ASM2099 6192/PV3

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.

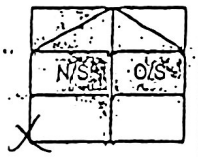
Sum Insured: Excess:

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDW 6990 J Yr Regn: 29/12/12

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

Make: BMW X3 c.c 1997

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

Sp.Reading 133206 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: WBAWX32070B26148

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/45ZR20

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. 31/5/20 D.O.I. 4/6/20

Survey held at My Car Consultant

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

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

Date / Time	Action / Instruction
	MV- 61K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: $ + RS $

Photos:

Others

TOTAL

Report Format :

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