

(09/11/14)

Surveyor TGrim

REF:

CC4/ASM21004330/Bps3Hsiao Tong

ASSIGNMENT

From: _____ Date: 6/4/2021Veh No: SKL 1726P Yr Regn: 3/2/2010

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: SKL 1726PMake: BMW Z4 C.C. 2497at Workshop m/s Bifrost Auto
of 8 Kaki BT Ave, Premier # 01-49Colour: Black A/C: Insured / Std / NI / NA

Insured: _____

Sp. Reading: 130430 T/Radio: Insured / Std / NI / NA

Policy No. _____

Eng/No: 06097311N52B25AF

Claims No. _____

C/No: WBA LM32070E356753

Sum Insured: _____ Excess: _____

Gen. Cond: Good / Fair / Poor / Burnt

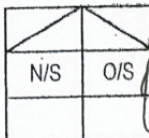
(Client's Record)

Steering: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

Brake: In order / Jammed / Leaked / Burnt or

(Policy Condition)

Modi: Nil / S/Rim / STD A/Rim orRemark: The veh had commenced its
repair at the time of inspection.Tyre Size: F: 255/45/17 235/45/17R: 255/45/17 235/45/17BS / DUN / EXNOVA / GY / FS / LIZA / M/C / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bal. or Market Value: 92,000/-

Front

Rear

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 5 mmR/Bal. 5 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 5 mmL/Bal. 5 mmEst. Repairs: 7 days Res.: Yes or NoD.O.A. 1/4/2021D.O.I. 6/4/2021

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at Bifrost AutoDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orCA / REV / REP. / 24 HRS W/P

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	<u>Range 5,000/- - 6,000/-</u>
	<u>Recommended COR is 4/5 \$5,800/- TGrim</u>
	<u>17/4/2021</u>
	<u>MV 92,000/-</u>
	<u>PV 33,500/-</u>
	<u>NV 58,420</u>
	<u>TGrim</u>
	<u>7/4/2021</u>

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format :

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