Signature: Rasu REF: ALG 4206

ASSIGNMENT

From: Date: 05012018

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLK 7657J

at Workshop m/s Performance

of 303 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Hun

(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: SLK 7657 J Yr Regn 2017 JAN

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

Make: B.M.W X1 SDRIVE 18IA c.c 1499

Colour GREY A/C Insured / Std / NI / NA

So Reading 25496 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAHS120 305 F0 3606

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size F: 225/50R18

R: - -

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	06/12/17	D.O.I.	05/01/18

Survey held at PERFORMANCE

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

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

Date / Time Action / Instruction

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

Date/Time File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $ ☐ Interview $ ☐ Tech Inq $ ☐ Weekend $

Survey Fee

Transportation: ___$ + ___$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. : $