Broker: REF: III

ASSIGNMENT

From: Date: 5/3/18

Estimated Cost:

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

To inspect Vehicle No: SLJ1690G

at Workshop m/s: Esteem Performance (AMK)

of: Blk 503 3 AMK Ind. Prk 2 #01-259

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record: 11:30am-12pm

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLJ 1690G Reg: 11 16

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

Make: Toy Prius CC: 1798

Colour: M. Silver A/C: Insured / Std / Nil / NA

Sp.Reading: 112097 T.Radio: Insured / Std / Nil / NA

Eng No:

C/No: JTDKB31EU X03537939

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Yoko 195/65R15

R: Aspira

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

Front		Rear	
R/Bal:	9 mm	R/Bal:	8 mm
L/Bal:	9 mm	L/Bal:	8 mm
D.O.A:	/ /	D.O.I:	5/3/18

Survey held at:

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

Rec d/s

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

Date	Time	Action / Instruction
6/3		File pass to Catherine

Date/Time File Pass to: : Preli. Report

: Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp: $ Interim: $ Tech: $ Meeting: $

Report Format:

Lump Sum: I.B: $

Survey Fee:

Transportation:

$ + $