

Signature: *Paul*

REF: LPC

5607F

ASSIGNMENT

From: _____ Date: 9/04/18

Estimated Cost: _____

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

To Inspect Vehicle No: SLJ 2818A
at Workshop m/s Performance
of 303 Alexandra Rd

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Han

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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 ^(w/p)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLJ 2818A Yr Regn: 2016 / REC

Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: B.M.W 2160 GT C.C. 1496

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

Sp. Reading: 34197 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 2E320105 64 5446

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: ☒ Order / Jammed / Leaked / Burnt or

Brake: ☒ Order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ Rim / STD A/Rim or

Tyre Size: F: 205/55R17

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. 6 mm L/Bal. 6 mm

D.O.A. 29/03/18 D.O.I. 09/04/18

Survey held at PERFORMANCE

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

FRONT O/S

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

Date / Time Action / Instruction

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

) \$ + RS \$ SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)