Assignee: Rasm | REF: ATH | 60749

ASSIGNMENT

From: | Date: 21/08/2018

Estimated Cost:

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

To Inspect Vehicle No: SCV 318H

at Workshop m/s: Performance

of: 303 Alexandra Rd

Insured:

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Inthiran

(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: 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: SCV 318H | Yr Regn: 2018 / FEB

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

Make: B.M.W 520I | c.c: 1998

Colour: Black | A/C: Insured / Std / NI / NA

Sp.Reading: 68845 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAJA1206OWC09021

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: 245/45R18

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 12/04/18 | D.O.I. 21/08/18

Survey held at PERFORMANCE

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

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

Date / Time	Action / Instruction

Date/Time: File Pass to?

1)

Date/Time: File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (S ☐ Interview (S ☐ Tech. Invs (S ☐ Weekend (S

Survey Fee:

Transportation:

Photos:

Others:

TOTAL:

Report Format:

Lump Sum / I.B.I: (S