

(08/11/13) wef

ASS. REC. BY:

REF: ASM (AxA)

C
06802

ASSIGNMENT

From:

Date:

14/08/2018

Estimated Cost:

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

To Inspect Vehicle No:

SKN 11654

at Workshop m/s

Performance

of

303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

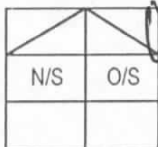
Excess:

(Client's Record)

Make of Veh:

Hun

(Policy Condition)

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

Bal. or Market Value:

89k

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

lup

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKN 11654

Yr Regn:

2014 / FEB

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

Truck / Trailer or

Make:

B.M.W 320I

c.c

1997

Colour

BLACK

A/C:

Insured / Std / NI / NA

Sp.Reading

7183

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA3X120605734515

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

30/06/18

D.O.I.

14/08/18

Survey held at

PERFORMANCE

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

O/S FR

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:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)