REF:	Jer
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05435

ASS	IGNM	ENT

From: Date: 14 08	18 Veh No: SLT 1212B Yr Regn: 2017 / 04			
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No: SLT 1212B	Make: B-M-W (160 c.c 1496			
at Workshop m/s Perfurmence	Colour ReO A/C: Insured / Std / NI / NA			
of 303 Alexandra Road	Sp.Reading 36923 T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	C/No: WBAIV 720705 486889			
Claims No.	Gen. Cond: Good / Fat / Poor / Burnt			
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: Morder / Jammed / Leaked / Burnt or			
Make of Veh: Han	Modi: Nil / E/Rim / STD A/Rim or			
-	Tyre Size: F: 265 55R16			
(Policy Condition)	R:			
Remark: The veh had commenced its N/S	S O/S BS / DUN / EXNOVA (GY) FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO/YOKO or			
Bal. or Market Value:	Front Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm			
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm			
Est. Repairs: days Res.: Yes or No D.O.A. 29 57 18 D.O.I. #4 08 18				
Lum Sum: % 3 Val.: Yes or No	Survey held at PERFORIMANUE			
CA / REV / REP. / 24 HRS 1472	Des. of Damages. Fit / Rear / O/S / N/S / U/C / Rooftop or			
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction				
	•			
Date/Time, File Pass to? : Preli. Report	Days Of Repair:			
Final Banart	Resurvey No. of Trip: Survey Fee:			
1): Final Report	Transportation:			
	Add Fee: : Site Insp (\$) _s+Rs,si			
~/	: Interview (\$) Photos			
Report Format :	: Tech. Invs (\$) Others			
Lump Sum / I.B.I: (\$:Weekend (\$			
(*	TOTAL			