

(08/11/13)

wef

ASS REC. BY:

REF:

AIG

15704/11/13

3016G

ASSIGNMENT

From:

Date:

10/09/18

Estimated Cost:

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

To Inspect Vehicle No:

SLE 2616S

at Workshop m/s

Performance Motor

of

303 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Before 12pm

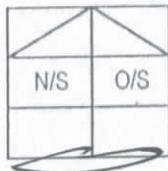
Make of Veh:

Infiniti

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



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

1up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLE 2616S

Yr Regn:

2016 / July

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

Truck / Trailer or

Make:

B.M.W 116D

c.c

1496

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

47345

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA1U720X0V724564

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / 8/Rim / STD A/Rim or

Tyre Size:

F:

205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

CONTINENTAL

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

23/08/18

D.O.I.

10/09/18

Survey held at

Performance

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

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:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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