

Arranger

Taylor

REF:

ALG

1638/UWAS

(W)

ASSIGNMENT

From:

Date:

24/9/18

Estimated Cost:

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

To Inspect Vehicle No:

SFS 5968D

at Workshop m/s

Performance Motor
303 Alexandra Rd

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

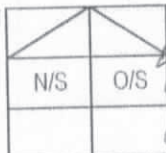
(Client's Record)

Make of Veh:

Kevin

(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. 1-24 HRS ^{up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SFS 5968D

Yr Regn:

2018, Jan.

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

Truck / Trailer or

Make:

BMW X1

C.C

1499

Colour:

Light Beige

A/C:

Insured / Std / NI / NA

Sp. Reading

13498

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA 34/2060 E.E 63363

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:

225 / 50 R18

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.

D.O.I.

24/9/18 @ 1735

Survey held at

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

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation

) \$ + RS. SI

) Photos

) Others

TOTAL