(08/19/13) REF:	193/ MW43-(W) 9214c.
ASSI	GNMENT
From: Date: C	Veh No: SDQ 7888 Y Yr Regn: 2011 / MAC Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD THINKS TP RES OD RES EVA JINV MY	4 522724 0167
To Inspect Vehicle No: SDQ 7888	O Challe A/C: Inquired / Std / All / AlA
at Workshop m/s PGRFORMOVCE	
of MERKINGRA RD	Sp. Reading (7 1763
Insured: LCQ	Eng/No:
Policy No.	C/No: WBA FP 32680 C86 4875
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD A/Rim or
	Tyre Size: F: 245 45RB.
(Policy Condition) CMP4	R: 2 ~
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO OF CONTINENTAL
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. L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 90/09/18 D.O.I. 01/10/18
Lum Sum: % 3 Val.: Yes or No	Survey held at PERFORMSPICE
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	RBAROLS
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:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation: Site Insp. (\$) S+RS_SI
2) Add Fed	o
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	TOTAL