

82656

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLV 1011D

at Workshop m/s: PERFORMANCE

of _____

Insured: AK

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____





N/S	O/S

Bal. or Market Value:	_____	Consistent? : Yes or No
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

Date: Person Contacted:

Veh No: SLV 1011D Yr Regn: 2017 / Dec
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: B.M.W X1 5DRIVE BT C.C. 1499
Colour: GRGY A/C: Insured / Std / NI / NA
Sp.Reading: 26966 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WBA J612000EB 62113
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: 225/52R18
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.	08/11/18		D.O.I.	30/11/18	
Survey held at		PERFORMANCE			

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

old fr

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report

TOTAL
