

Signature

Taylor

REF:

ASMA(AA)

ASSIGNMENT

From

Date: 28012019

Estimated Cost.

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

To Inspect Vehicle No:

SKX 1129A

at Workshop m/s

Performane

of

303 Alexandra Rd

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

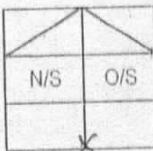
(Client's Record)

Make of Veh:

Yaguel

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

\$130K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SKX 1129A

Yr Regn:

2015 Nov

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

Truck / Trailer or

Make:

BMW 528I

G.C

1997

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

160/66

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA5AS2040G3898.25

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275 / 40R18

R:

~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ AIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

1

mm

D.O.A.

D.O.I.

28/1/19

Survey held at

PML

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

(1)

☐

: Final Report

Date/Time, File Return to?

(2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format :

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