

Passu

8731 Meas (e). 42575

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLF 2168M

at Workshop m/s PERFORMANCE

of 805, ALEXANDRA RD

Insured: ASM (AXA)

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) _____

Make of Veh: _____

Infura
(Policy Condition) 6412pm

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

	N/S	O/S

Bal. or Market Value: 121K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. SLF 2168M Yr Regn: 2016 / Muz

Type: C M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: B.M.W 216D C.C. 1496

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 49972 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA2B320X0V259824

Gen. Cond: Good / B / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / C / STD A/Rim or

Tyre Size: F: 205/60R16
R:

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

Front		Rear	
R/Bal. <u>6</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. <u>10/01/19</u>		D.O.I. <u>23/01/19</u>	

Survey held at PERFORMANCE

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

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

☐ : Preli. Report
☐ : Final Report

Resurvey No. of Trip:

Transportation

Add Fee: ☐ Site Insp (\$
☐ Interview (\$
☐ Tech Inv's (\$
☐ Weekend (\$

) $S + RS \rightarrow SI$

) Photos

) Others

Report Format :

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

TOTAL