

990 (Kha3) | 1255E

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FK 76C

at Workshop m/s PERFORMANCE

of 315, ALEXANDRA RD

Insured: 111

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

William 96328105

(Policy Condition)

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

	N/S	O/S	

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
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CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. FK 76C Yr Regn: 2017 MAR

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

Make: B.M.W R1200 GSA C.C. 1170

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

Sp. Reading: 16256 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WB10A0208HZ911367

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: 120/70R19
R: 170/60R17

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

Front Rear

R/Bal. 5 mm R/Bal. 6 mm

L/Bal. mm L/Bal. mm

D.O.A. 10/01/19 D.O.I. 23/01/19

Survey held at PERFORMANCE

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

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

Date/Time, File Pass to?

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Date/Time, File Return to?

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

$$) \quad S + RS \rightarrow SI$$

) Photos

) Others

TOTAL