

Signature: *Rame*

REF:

9
43859

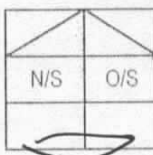
ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SLT 9270**
 at Workshop m/s: **PERFORMANCE**
 of: **303, ALEXANDRA RD**
 Insured: **AM**
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Joseph

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



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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SLT 9270** Yr Regn: **2017 05**
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **B.M.W 318I** C.C: **1499**
 Colour: **BLACK** A/C: Insured / Std / NI / NA
 Sp. Reading: **16092** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **WBA BE 3640N W80 802**
 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: **225/50R17**
 R: _____
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. **12/01/19** D.O.I. **11/02/19**
 Survey held at: **PERFORMANCE**
 Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

1)

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:

) S + RS SI

) Photos

) Others

TOTAL