

1526A

REF: III

ASSIGNMENT

From

Date 18/12/2019

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No.

SBL 8311M

at Workshop m/s

Performance  
303 Alexandra Road

of

Insured

Policy No.

Claims No.

Sum Insured

Excess:

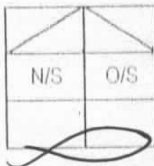
(Client's Record)

Make of Veh:

Han

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wps

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

Veh No

SBL 8311M

Yr Regn 2017 NOV

Type M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

G.M.W 3181

C.C 1499

Colour

WHITE

A/C Insured / Std / NI / NA

Sp. Reading

22082

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NBA 86 32060A020280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Disorder / Jammed / Leaked / Burnt or

Brake: Disorder / Jammed / Leaked / Burnt or

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

Tyre Size: F:

225/40R18

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

18/01/19

D.O.A.

18/02/19

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: File Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1) G + P2 \$

1) Photos

1) Other

TOTAL

1)

Date/Time: File Return to?

2)

Report Format:

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

Add Fee:

☐ Site Insp. (\$  
☐ Interview (\$  
☐ Tech Invs (\$  
☐ Weekend (\$