Rachel | REF: III | 1556A

ASSESSMENT

From: | Date: 18/2/2019

Estimated Cost:

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

To Inspect Vehicle No: SBL8311M

at Workshop m/s: Performance

of: 303 Alexandra Road

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Hon

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBL8311M Yr Regn: 2017 NOV

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

Make: B.M.W 318I c.c 1499

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

Sp.Reading: 22082 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA8E32060A020280

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: 225/40R18

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	18/01/19	D.O.I.	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	Action / Instruction

Date/Time: File Pass to? 1)

Date/Time: File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (S$) ☐ Interview (S$) ☐ Tech. Invs (S$) ☐ Weekend (S$)

Survey Fee:

Transportation: S+P$ S$

Photos:

Other:

TOTAL:

Report Format:

Lump Sum / I.B.I: (S$)