Staff/PIC: Steve | REF: AIG

ASSIGNMENT

From: | Date: 20/2/19

Estimated Cost:

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

To inspect Vehicle No: SJN 2211C

at Workshop m/s: Performance

of: 303 Alexandra Road

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Inthiran.

(Policy Condition)

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

N/S	O/S
XX	

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: SJN 2211C Yr Regn: 31/12/18

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

Make: BMW 216 I c.c: 1499

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

Sp.Reading: 2684 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA6V12080ED04985

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R17

R: 11

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 24/1/19 D.O.I 20/1/19

Survey held at: performance motors

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) : ☐ Preli. Report ☐ Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:) S + RS SI

Add Fee: ☐ Site Insp ($) Photos

☐ Interview ($) Other

☐ Tech Invs ($

☐ Weekend ($

Report Format :

Lump Sum / LB I: ($

TOTAL