

STANDARD

Steve

REF: ALG

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
303 Alexander Road

of

Insured

Policy No

Claims No

Sum Insured

Excess:

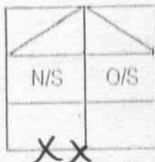
(Client's Record)

Make of Veh:

Inthiran.

(Policy Condition)

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



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 ^{up}

Vehicle: IN / OUT

Date: Person Contacted:

Veh No

SJN 2211C

Vt 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

WBA 6V12080E004985

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:

205/55R17

R:

1"

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?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + PS (\$

) Photos

) Other

) ...

TOTAL

Report Format :

Lump Sum / LB f: (\$