

Taufhin

REF: ALG

ASSIGNMENT

From: _____ Date: **4/3/19**

Estimated Cost: _____

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

To inspect Vehicle No: **SFP 91292**

at Workshop m/s: **Performance**

of: **303 Alexandra Road**

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **chua**

(Policy Condition)

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

Bal. or Market Value: **\$120K**

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

N/S	O/S

Veh No: **SFP91292** Vr Regn: **2017 Dec.**

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

Make: **BMW 2161 GT** C.C: **1499**

Colour: **Blue** A/C: **Insured / Std / NI / NA**

Sp. Reading: **26992** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **WKAZD92000 SE91557**

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: **205/60R16**
R: **205/60R16**

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. _____ D.O.I: **4/3/19 21215**

Survey held at: **PMU**

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Rebate: \$61,418

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Date/Time, File Return to? _____

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

Survey Fee: _____
 Transportation: _____
) \$ + RS \$
) Photos
) Other:
)
 TOTAL

Report Format: _____
 Lump Sum / I.B.!: (\$)