(08/11/13) wel

ASS. REC. BY: Marcus

REF: 7c1/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLU718K

at Workshop m/s Zichen

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $26 OK

ID/C 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 21A12843

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLU718K Yr Regn: 1/1/17

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

Make: Porsche 718 Cayman S-A 1988

Colour: Blue A/C: Insured / Std / Nil / NA

Sp.Reading: 23583 T/Radio: Insured / Std / Nil / NA

Eng/No.

C/No: WP0ZZZ98ZJK250680

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: 245/30ZR21

R: 265/30ZR21

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	20/1/19	D.O.I.	23/1/19 1:12pm

Survey held at

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Dep 25th.
	No Get Part
	original result out.

Date/Time File Pass to? 1) ☐ : Prell. Report ☐ : Final Report

Date/Time File Return to? 2)

Days Of Repair:

Resurvey No. of Trip: 1

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

Report Format : PRS

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

Survey Fee:	
Transportation:	___$ + RS ___St
Photos:	
Others:	
TOTAL	