

ASS. REC. BY:

Tayfiri

REF:

III

ASSIGNMENT

From:

Date:

18/9/2019

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

SLR 8605R

at Workshop m/s

Performance Motor

of

303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

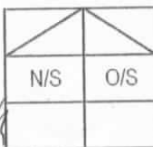
Make of Veh:

10am - 12pm

(Policy Condition)

any

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLR 8605R

Yr Regn:

2017, Aug

Type: ☒ Car ☐ M.Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover ☐

Truck / Trailer or

Make:

BMW 216D

C.C.

1496

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

45115

T/Radio:

Insured / Std / NI / NA

Eng/No:

WRA 2K32050 V926038

C/No:

Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orBrake: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orModi: ☒ Nil ☐ S/Rim ☐ STD A/Rim or

Tyre Size:

F:

205/60R16

R:

~ 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

PML

18/9/19 11:50

Survey held at

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

N/S Rear

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:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.F. (\$