

ASSIGNMENT

From:

Date:

7/10/19

Estimated Cost:

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

To Inspect Vehicle No:

SMK 9681M

at Workshop m/s

PERFORMANCE

of

303, ALEXANDRA RD

Insured:

ALU

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

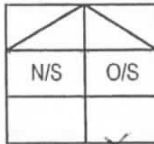
(Policy Condition)

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

CUNA

07/10

ready



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

Date:

Person Contacted:

Vehicle: IN / OUT

ALU

Veh No:

SMK 9681M

Yr Regn:

2019, Apr

Type:

M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

BMW X1

c.c

1499

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

4428

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA 56120 X05N02887

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:

225 / 55 R17

R:

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.

7/10/19 3pm

Survey held at

NMC

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:

S + RS. SI

Photos

Others

TOTAL

Report Form:

Lump Sum / L.B.:

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Invs

(\$



Weekend

(\$