ASS. REC. BY: Rasul REF: AIG 455C

ASSIGNMENT

From: Date: 1.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SKB 855J

at Workshop m/s Performance

of 303 Alexandra Road

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh: 10.000.m owr wary

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC 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 mp'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKB 855J Yr Regn: 2018 / OCT

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

Make: B.M.W 630I GT LED HDL c.c 1998

Colour GREY A/C: Insured / Std / NI / NA

Sp.Reading 11865 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAJX62060BJ23982

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/45R19

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.	21/09/19	D.O.I.	01/10/19

Survey held at PERFORMANCE

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

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

Date / Time	Action / Instruction

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

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: $ + RS: $

Photos

Others

TOTAL

Report Form / Lump Sum / LE