

ASS. REC. BY:

Steve

REF:

III

ASSIGNMENT

From:

Date:

18/11/19

Estimated Cost:

OD ☒ TP / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SLT 6141P

at Workshop m/s

Performance

of

303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Yaguel Ronan Joseph

(Policy Condition)

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

N/S	O/S

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 ^{up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SLT 6141P

Yr Regn: 3/11/17

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

Truck / Trailer or

Make:

BMW 2161 GT

c.c

1499

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

33685

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDA2092010SE9423

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ SRim / STD A/Rim or

Tyre Size:

F:

235/55R17

R:

4

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

24/10/19

D.O.I.

18/11/19

Survey held at

Performance Motors

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

MV-110K

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wheel end (\$

\$ + RS. \$1

Photos

Others

TOTAL

Report Format:

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