

Patrice

259621 Pl (1) 5782

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKQ550J

at Workshop m/s PERFORMANCE

of 203, ALEXANDRA RD

Insured: AIG

Policy No. _____

Claims No. _____

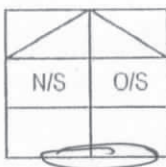
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Chua

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



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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKQ 550J Yr Regn: 2014 / OCT
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: B.M.W 520I C.C. 1997
Colour Grey A/C: Insured / Std / NI / NA
Sp.Reading 57625 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: NBA 5A 320 800 335 210
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or _____
Brake: Order / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 225/55R17
R: -
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
TOYO / YOKO or

Rear

R/Bal. 6 mm - R/Bal. 6 mm

L/Bal. (mm) L/Bal. (mm)

D.O.A. 12/11/19 D.O.I. 05/12/19

Survey held at PERFORMANCE

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

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

100

: Preli. Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

$$S + RS \rightarrow S_2$$

Photos

A. C. Özgürs

TOTAL

1) _____
Date/Time, File Return to?

Report Form# :

Lange Sam / ME: 66

Add Fee: : Site Insp (\$

: Interview (\$)

Tech. Invs. (%)

Week end 18