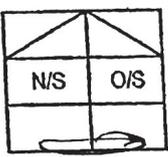


ASS. REC. BY: [Signature] REF: CC4/FCI20007167/ kv3 | 350H

ASSIGNMENT

Front: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SGJ 929K
 at Workshop m/s PERFORMANCE
 of 303, ALEXANDRA RD
 Insured: FCI
 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.



Bal. or Market Value: 103K
 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGJ 929K Yr Regn: 2018 FEB
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: B.M.W 318I LEO NAV c.c. 1499
 Colour: GRY A/C: Insured / Std / NI / NA
 Sp. Reading: 22616 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA8E36020N U82564
 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: 225/SOR17
 R: 2.
 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. _____ mm L/Bal. 6 mm
 D.O.A. 07/07/2020 D.O.I. 14/07/2020
 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.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / I.E.A. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____