ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLJ 3892C

at Workshop m/s   PERFORMANCE

of   303, ALEXANDRA RD

Insured: SOMPO

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 500

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 73K

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: _____

Veh No: SLJ 3892C   Yr Regn: 2016 / DEC

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

Make: B.M.W 116D HATCH.   c.c 1496

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

Sp.Reading: 63143   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA1V72090V725245

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40R18
R:

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or   CONTINENTAL

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 24/12/2020		D.O.I. 29/12/2020	

Survey held at   PERFORMANCE

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

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

Vehicle: IN / OUT

Date / Time	Action / Instruction
	Repair Lmt 33k
	Finalised amount of $ 9,182.40 BEFORE excess / 5 days of repair is confirmed
	RED: 5008.15;35%

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

Repair Format : _____
Lump Sum / I.B.I: ($ _____)

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Invs ($ _____)
☐ : Weekend ($ _____)

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

TOTAL _____