(08/09/17)
Surveyor:

REF: AXA

ASSIGNMENT

From: Date: 17/11/2017

Estimated Cost:

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

To Inspect Vehicle No: SLT 4468K

at Workshop m/s MG Solution

of 23 Kaki Bukit Ave 4 #02-03B, 415993

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(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 'DS'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLT 4468K. Yr Regn: 2017 / Oct

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

Make: Toyota CHR. c.c 1797

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 4431. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZYX102036804

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

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R17.

R: 215/60R17.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	17/11/17.

Survey held at MG Solution.

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
	TP AXA.

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ___S + RS___SI

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

Photos

Others

TOTAL