Surveyor: Taufik | REF: AXA 2207177 2a3 - (2)

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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.

N/S	O/S

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 WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: Edwin

Veh No: SLT 3324Z Yr Regn: 2017 Oct.

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

Make: Kia Cerato K3 cc 1591

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

Sp.Reading: 2750 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: KNAF241MJ5749224

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: 215/45R17

R: 〃

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	〃	mm
D.O.A.			D.O.I.	27/12/17	

Survey held at C&C Pandan Gdn

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: [ ] : Preli. Report

[ ] : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: [ ] Site Insp $

[ ] Interview $

[ ] Tech. Inv. $

[ ] Weekend $

Photos

Others

Total

Report Format :

Lump Sum / I.B.I (S