

Signature

Taufik

REF:

AxA

207X 2017

2017

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no:

of

Insured:

Policy No:

Claims No:

Sum Insured:

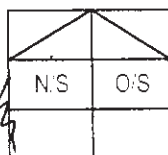
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Date:

Person Contacted:

Vehicle: IN / OUT

Edwin

Veh No:

SLT 3324Z

Yr Regn:

2017 Oct.

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Wan Ampo K3

cc 1591

Colour:

Black

A/C

Insured / Std / NI / NA

Sp. Reading

2750

T Radio:

Insured / Std / NI / NA

Eng No:

C No:

KMA F2411MJS749224

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD Rim / STD A/Rim or

Tyre Size:

F:

215/45R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Nexon

Front

Rear

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A.

D.O.I.

27/12/17

Survey held at

CAC Pandan Goh

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

1.

☐

: Final Report

Date/Time File Return to:

2.

Add Fee:

☐

: Site Insp \$

☐

: Interview \$

☐

: Tech. Insp \$

☐

: Weekend \$

Report Format :

Lump Sum / I.B.I. (S)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

1. 3-PS \$

Phone

Other

TOTAL