

(08/11/17)

REF: AXA

2303/10003

100

Surveyor:

ASSIGNMENT

From: _____ Date: 20-12-2017

Estimated Cost: _____

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

To Inspect Vehicle No: XE 872P

at Workshop m/s Ding Auto

of Blk 10 Sin Ming Ind Est #01-20

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

11am

(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: 03 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XE 872P Yr Regn: 08/15

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

Truck / Trailer or

Make: Man TGS 35.368 10518

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

Sp. Reading: 33840 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WM 43752761M68818

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: Continental 315/80R 22.5

R: _____

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 4 mm

R/Bal. 44 77 mm

L/Bal. 6 4 mm

L/Bal. 44 77 mm

D.O.A. 30/11/17

D.O.I. 20/12/17

Survey held at _____

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

N/S Frt

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

Date / Time Action / Instruction

21/12 Pre pass to Customer

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____