REF: AXA

b 21/163 (1)

TP : NON-ARC

ASSIGNMENT

From: Date: 10/01/2018

Veh No: SFA509Z. Yr Regn: JUL 09

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

Estimated Cost:

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

Make: AUDI Q5. CC: 2.0

To inspect Vehicle No: SFA 509Z

Colour: GREY. H.C: Insured / Std / Nil / NA

at Workshop m/s: Cartimes Autolution

of: 160 Sin Ming Drive #02-04

Sp Reading: 13259. T.Radio: Insured / Std / Nil / NA

Insured:

Eng No:

Policy No:

C/No: WAUZZZ8R89A055367.

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

Claims No:

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

Sum Insured: Excess:

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

(Client's Record)

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

Make of Veh:

Tyre Size F: 235/55/R19

R: —

(Policy Condition)

N/S	O/S

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

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

Bal. or Market Value:

Front		Rear	
R.Bal.	8 mm	R.Bal.	8 mm
L.Bal.	8 mm	L.Bal.	8 mm

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

D.O.A. 8/1/2018. D.O.I. 10/1/2018.

Est. Repairs: days Res.: Yes or No

Lum Sum: $ 3 Val.: Yes or No

Survey held at: —

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

NS BODY

CA / REV / REP. / 24 HRS 'wp'

Vehicle: IN / OUT

Date: Person Contacted:

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

Date Time Action / Instruction

Date/Time File Passed to: Preli. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Date/Time File Returned:

Add Fee: Site Insp. $

Others $

Tech $

Report Format:

Lump Sum LB $