

REF: AXA

621/863

①

TP: NON-ARC

ASSIGNMENT

From _____ Date 10/01/2018

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MVTo inspect Vehicle No. **SFA 509 Z**
at Workshop/s **CarTimes Autolution**
of **160 Sin Ming Drive #02-04**

Insured _____

Policy No. _____

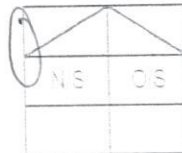
Claims No. _____

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: _____

DAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Surv: _____ % 3 Val: Yes or No

OA / REV / REP. / 24 HRS **Wp**

Date _____ Person Contacted _____

Vehicle IN / OUT

Date Time Action / Instruction

Ref No. **SFA509Z** Reg. **JUL 09**Type ☒ M/Cycle ☐ Bus/Van ☐ Lorry ☐ Taxi ☐ Prime Mover

Truck / Trailer or

Make **audi** **Q5** **2.0**Colour **Green** H.O. Insured / Std / Nil / NASo Reading **18259** "Radio Insured" Std / Nil / NA

Eng No _____

O.No. **WAUZZZ8R8PA055367**Gen. Cond. ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering ☒ Order ☐ Jammed ☐ Leaked ☐ Burnt orBrake ☒ Order ☐ Jammed ☐ Leaked ☐ Burnt orMod. Nil ☒ S/Rim ☐ STD A/Rim orTyre Size **R: 235/55/19**

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA ☒ MICHOOTSU / PIR / SUMI

TOYO / YOKO or

Front

Rear

R.Bal. **8** mm R.Bal. **8** mmL.Bal. **8** mm L.Bal. **8** mmD.O.A. **8/1/2018** D.O.I. **10/1/2018**

Survey held at _____

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

NS BODY

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

Date/Time File Pass to:

☐

: Preli. Report

☐

: Final Report

Date/Time File Returned:

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

Phone

Fax

E-mail

Signature

Recd. Format:

Date/Time/Signature

Add Fee:

☐
☐
☐
☐

Site Insp. \$

Photo \$

Test \$

Test \$

