

REF: AXA

ASSIGNMENT

From:

Date:

22/01/2018

Estimated Cost:

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

To inspect Vehicle No:

SLN 6327C

at Workshop m/s

Hui yang

of

176 Sin Ming Drive # 04-02

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

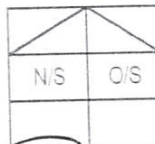
(Client's Record)

After 11am

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 ¹wp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLN 6327C

Yr Regn:

05 17

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

Truck / Trailer or

Make:

Toy Ario G 1498

Colour:

M.P. White

A.O. Insured / Std / NI / NA

Sp. Reading

2554

T Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NRE161 0025044

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size:

F:

175/65R15

R:

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

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

13/1/18

D.O.I.

22/1/18

Survey held at

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

Rec N/S

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

Date / Time Action / Instruction

23/1 File pass to Catherine
11pm @ 1500 email

Date/Time: File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time: File Return to?

2)

Report Format:

Lump Sum / I.B.I. \$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech. Insp \$

☐

Weekend \$

1 - 3 - 5 - 10

Photos

Others

TOTAL