(08/11/13) wef

ASS. REC. BY: Marcus

REF: AXA/

ASSIGNMENT

From: Date:

Estimated Cost: 6

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

To Inspect Vehicle No: YN 7488K

at Workshop m/s Lucs

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YN 7488K Yr Regn: 2015

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

Truck / Trailer or C/N

Make: mit Fuso FM65 c.c 7545

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

Sp.Reading 123794 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FM65 FMA20008

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: F: 11 R 22.5

R:

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

TOYO / YOKO or Firents

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	16/1/18	D.O.I.	23/1/18

Survey held at —

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

N/S Body.

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

LTA 36706

Date / Time	Action / Instruction
23/1/18	Attach accident scene phs. confirmed L/S & 1000 with SnSen.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)