

REF: ABM (AXA)

ASSIGNMENT

From: _____ Date: 25012018

Estimated Cost: _____

OD 1P / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKN 1339M

at Workshop m/s Ethiarcz

of 56 Loyang Way #04-04

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: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKN 1339M Yr Regn: 03 Jun 2009

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

Truck / Trailer or

Make: Merce B170 c.c. 1699

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

Sp. Reading: 163789 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2452322J455283

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Alum or

Tyre Size: F: 215/45R17

R: 11

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

TOYO / YOKO or

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 25-01-18

Survey held at W/S 11:30AM

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

) \$ + RS \$ _____

) Photos

) Others

Report Format : _____

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

TOTAL