REF: AXA

ASSIGNMENT

Jm: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: $400

(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: $165K

IDAC Accident Rport: 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: SKC178A Yr Regn: 2014 Nov

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

Make: BMW 428I Convertible 1997

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

So.Reading: 32118 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: WBA3U32060P766106

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: 225/45R18

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	25/1/18

Survey held at Mova BM

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

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

Date / Time	Action / Instruction

RECEIVED 12 FEB 2018

Date/Time File Pass to?

1)

Date/Time File Return to?

2) 12/2- typist

☑ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $ ☐ Interpret $ ☐ Tech Insp $ ☐ Measrmnt $

Survey Fee 150

Transportation

Photos

Others

150

Report Format : SMART claim

Lump Sum / I.B.I. : $