Surveyor: Xml. REF: ASM (AXA)

ASSIGNMENT

From: Date: 07022018

Estimated Cost:

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

To Inspect Vehicle No: SLV 3529P

at Workshop m/s Cycle & Carriage

of 330 Ubi Rd 3

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Mars.

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

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: SLV3529P Yr Regn: 28 Dec 2017

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

Make: KIA Carens c.c 1685

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

Sp.Reading 3823 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAHU815VJ7188202

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: 225/45R17

R: "

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.		D.O.I.	07-02-18

Survey held at w/s 11:20AM

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

Date/Time. File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] Interview ($)

[ ] Tech. Invs ($)

[ ] Weekend ($)

Survey Fee

Transportation ___S + RS ___SI

Photos

Others

TOTAL

Report Format :

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