Surveyor | REF: AXA

ASSIGNMENT

From: | Date: 9/3/18

Estimated Cost:

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

To Inspect Vehicle No: SKK 1579 C

at Workshop m/s: Our Bro's

of: Blk 10, Kaki Bkt Rd 2 # 03-38

Insured:

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Report: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

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

Lump Sum: % | G Val.: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SKK1579C | Reg: 2013 June.

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

Make: Toyota Vellfire. | CC: 2362.

Colour: Black. | A.C.: Insured / Std / Nil / N.A

Sp.Reading: 31327. | T Radio: Insured / Std / Nil / N.A

Eng No:

C No: ANH208276120

Gen. Cond.: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: Nil / S.Rim / STD A/Rim or

Tyre Size: F: 245/40R19. R: 245/40R19.

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

Front		Rear	
R.Bal.	06 mm	R.Bal.	06 mm
L.Bal.	06 mm	L.Bal.	06 mm
D.O.A:		D.O.:	09/03/18

Survey held at: Our Bro Workshop.

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

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

Date	Time	Action / Instruction
		TP AXA.

Date/Time File Pass to: | ☐ : Preli. Report | ☐ : Final Report

Date/Time File Return to:

Report Format:

Lump Sum N.B.:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Visit $ ☐ Other $ ☐ Transport $ ☐ Other $

Surveyor Fee:

Transportation:

Other:

Total: