

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

AXA/
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKV 33987at Workshop m/s Kim chwee

of _____

Insured: EM9887

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: 65

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: 0 Consistent?: Yes or NoEst. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKV 33987 Yr Regn: 1 / 12Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Mer Benz C180 c.c. 1597Colour: Red A/C: Insured / Std / NI / NASp. Reading: 75122 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W002040452A643664Gen. 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: 225/452R17

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 0 mmL/Bal. 0 mmD.O.A. 6/4/18

Survey held at _____

Rear

R/Bal. 0 mmL/Bal. 0 mmD.O.I. 13/4/18

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
18/4/18	have video of bldg for 33987 Dep 13
	1/5 @ 5500 confirmed with Alex.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

\$ + RS, \$I

Photos

Others

TOTAL

Report Format : _____

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