(08/11/13)

Surveyor Marcus

REF: ASM(AXA)

ASSIGNMENT

From: Date: 19.04.2018

Estimated Cost:

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

To Inspect Vehicle No: SJK 1368G

at Workshop m/s Autolution

of 19 Ubi Rd 4

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Hamzah

(Policy Condition) 1.30 pm

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

N/S	O/S

Bal. or Market Value: 11500

IDAC Accident Rport: Consistent? : Yes or No

GIO / 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: SJK 1368G Yr Regn: 10 / 08

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

Make: Nissan March c.c 1386

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

Sp.Reading 243165 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JNIFBAK12Z0020019

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:

R: 175/60R15

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

Front		Rear	
R/Bal.	✓ mm	R/Bal.	✓ mm
L/Bal.	✓ mm	L/Bal.	✓ mm
D.O.A.	13/4/18	D.O.I.	19/4/18

Survey held at

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

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

Date / Time	Action / Instruction
	attach witness note LTA 8388 5 mile plus - next 3145

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL