

Surveyor

Tampin

REF:

ASM(AXA)

ASSIGNMENT

CoE 2020 Mac.

From: _____ Date: 26042018

Estimated Cost: _____

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

To Inspect Vehicle No: FS 4839A

at Workshop m/s Team HK Lim

of Blk 1008 Bukit Merah Lane 3 #01-24

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

10am - 2pm

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

N/S	O/S
	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FS 4839A

Yr Regn: 2000 / Imp.

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

Truck / Trailer or

Make: Honda Shadow 400 C.C. 298

Colour: M. Maroon A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: NC 34 / 200584

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 170 / 80 R15

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

TOYO / YOKO or Shinko

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. mm

L/Bal. mm

D.O.A.

D.O.I.

26/4/18 @ 4pm

Survey held at HKL Bm.

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

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. (\$) _____