

REF: ASM (AXA)

Surveyor

ASSIGNMENT

From: Date: 19.062018

Estimated Cost:

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLN 4125G
at Workshop m/s Esteem Performance
of Blk 5033 Amk Ind Park 2 #01-259

Insured: -

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.

Bal. or Market Value: 888k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

2016 File pass to Catherine

Veh No: SLN 4125G Yr Regn: 05 17

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

Truck / Trailer or

Make: Toy Pro C.C. 1798

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 116885 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTOKB31FU603556696

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R:

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 28/5/18

Survey held at

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, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)☐ : S+RS, SI☐ : Photos☐ : Others

Report Format :

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

TOTAL