Surveyor: Tanjri | REF: ASM(AXA)

ASSIGNMENT

From: | Date: 26062018

Estimated Cost:

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

To Inspect Vehicle No: SLR 9587C

at Workshop m/s: Vermogen

of: 6 Benoi Sector

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.**

N/S	O/S
	X

Bal. or Market Value:

IDAC Accident Rport: | 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

Vehicle: **IN / OUT**

Date: | Person Contacted:

Veh No: SLR9587C | Yr Regn: 2017, Aug.

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

Make: Toyota Axio | c.c 1496

Colour: Black | A/C: **Insured / Std / NI / NA**

Sp.Reading: 36853 | T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: NKE165713792

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: 175/65R15

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	27/6/18 CLOS

Survey held at: Vermogen

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? 1) ☐ : **Preli. Report** ☐ : **Final Report**

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:

Transportation: S + RS. SI

Photos

Others

TOTAL