

(08/11/13) wef

ASS. REC. BY: Tanph

REF:

ASM (AXA)

ASSIGNMENT

From:

Date:

8/08/2018

Estimated Cost:

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

To Inspect Vehicle No:

SIX 6966D

at Workshop m/s

of

Cycle & Conique Automotive
209 ponden Garden

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

2:30pm @ over nothing

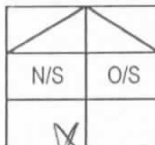
Make of Veh:

Don

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

925K

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 up

Vehicle: IN / OUT

Date:

Person Contacted:

Don

Veh No:

S5X 6966D

Yr Regn:

2001 Jhy

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

Truck / Trailer or

Make:

Mitsubishi Lancer c.c. 1499

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

12/623

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

SMYSR(Y2VAY 000796

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

b

Rear

b

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

8/8/18

Survey held at

CSC Pardon Goh

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:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)