Taufik | REF: AXA 148647Tljn3 (i)

ASSIGNMENT

From:	Date:
Estimated Cost:	
OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	
at Workshop m/s	
of	
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

Bal. or Market Value:	$85K	
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 'WP'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLV4504D Yr Regn: 2017 Dec.

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

Make: Nissan Sylphy. cc 1598

Colour: Blue. A/C: Insured / Std / NI / NA

Sp.Reading: 3964 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBBAB17Z0030949

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: 195/60R16

R:

(BS) / DUN / 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.	20/8/18 @ 1445	

Survey held at: Tan Chong Bukit Timah

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 (S$
[ ] Interview (S$
[ ] Tech Insp (S$
[ ] Weekend (S$

Survey Fee:

Transportation:

Report Format:

Lump Sum / I.B