Surveyor: Taufik | REF: AXA

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:

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: SMB 1399D Yr Regn: 2013 / Nov

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

Make: MAN NL320F O.C: 1058

Colour: Mult A/C: Insured / Std / NI / NA

Sp Reading: 408242. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMAA22ZZ4D7001938

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: 275/70R22.5

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firem39

Front			Rear		
R/Bal.	8	mm	R/Bal.	8/8	mm
L/Bal.	8	mm	L/Bal.	8/8	mm

D.O.A.: D.O.I.: 27/8/18

Survey held at: SMRT WL.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Frto o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: (S + RS S)

(Photos

(Others

( )

TOTAL:

Report Format :

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