

REF: AXA

ASSIGNMENT

From: Date: 17/09/2018

Estimated Cost:

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

To inspect Vehicle No: SLN 664T
at Workshop m/s: Esteem Performance
of: 385 Sin Ming Drk.

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

after 11am

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: S\$ 86k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5-6 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLN 664T Yr Regn: 04 17

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

Truck / Trailer or

Make: Toy Prius c.c. 1798

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 202828 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDK33FU403556230

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: P: Davanti 195/65R15

R: Yoko

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 23/8/18

Survey held at

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 17/9/18

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

18/9 Kik pass to Catherine

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. \$

Photos

Others

TOTAL

Report Format :

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

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