[08/11/13]

Surveyor

REF: ASM(AXA)

ASSIGNMENT

From: Date: 28092018

Estimated Cost:

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

To Inspect Vehicle No: SJK 9733H

at Workshop m/s Wei Lee

of Blk 9 Sin Ming Ind Est #01-32

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: $18k

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 04 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SJK 9733H Yr Regn: 11 / 08

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

Make: Toy Altis A1 c.c 1598

Colour M. Green A/C: **Insured / Std / NI / NA**

Sp.Reading 120340 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MR053ZEE106121662

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: 195/65R15

R:

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

Front		Rear	
R/Bal.	2 mm	R/Bal.	3 mm
L/Bal.	2 mm	L/Bal.	3 mm
D.O.A.	21/9/18	D.O.I.	25/9/18

Survey held at ✓

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or N/SIM

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

Date / Time	Action / Instruction
26/9	File pass to Catherine

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 ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation: ___S + RS, ___SI	
Photos	
Others	
TOTAL	