(08/11/13)

Surveyor: XRL. | REF: AXA | ~~6592~~ 128880 (-2022)

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Ah lim Motor

of ~~[illegible]~~ Eileen

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S | O/S

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

Bal. or Market Value: $26K

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: SJB7411Y Yr Regn: 23 Jan 2008

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

Make: Toyota Vios c.c 1497

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

Sp.Reading: 70573 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053HY9305046438

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: 185/60R15

R: 11

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.			D.O.I.	01-10-18	

Survey held at w/s 1:30 pm

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

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

Date / Time	Action / Instruction
02/10	Email Eileen Max repair limit $7500

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:

Add Fee: : Site Insp ($) __S + RS, __SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

TOTAL

Report Format :

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