

Surveyor:

REF: ASM(AXA)

18066/16w (W)

ASSIGNMENT

From: Date: 5/11/2018

Estimated Cost:

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

To Inspect Vehicle No: SLJ 73604

at Workshop m/s Motor Images

of 19 Lorong 8 Toa Payoh

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 10:30 am Customer waiting

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 8.8dc

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

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

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLJ 73604 Yr Regn: 12, 16

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

Truck / Trailer or

Make: Subaru XV c.c. 1600

Colour: M. D. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 34360 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JFIGP3K65HG200688

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: F: 225/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 5/9/18

D.O.I. 5/11/18

Survey held at

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

015 197

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

Date / Time	Action / Instruction
7/11	File pass to C&T team

Date/Time, File Pass to?

: Preli. Report

Days Of Repair:

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip:

2)

Add Fee: : Site Insp (\$)

Survey Fee:

Transportation: S + RS, SI

Report Format :

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

: Interview (\$)

Photos

: Tech. Invs (\$)

Others

: Weekend (\$)

TOTAL