Surveyor No/cus | REF: AXA/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBB 25037

at Workshop m/s Lim's 200

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: 20k.

IDAC Accident Rport: Consistent? : Yes or No

GA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 30/9/2023

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. GBB25037 Yr Regn: 10/08

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

Make. Toyota Dyna C.C 2982

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

Sp.Reading 233551 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT35Y203001927

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: 195/75-R15

R: 155-R12

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	18/10/18	D.O.I.	22/10/18

Survey held at

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

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

Date / Time	Action / Instruction
	LTA 15177

Date/Time File Pass to? 1 ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to? 2

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 (__$ + RS __ SI

(Photos

(Other:

TOTAL