

Xkl

REF: ASM(AXA)

7754D

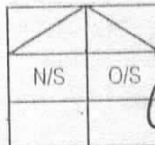
(-2020)

ASSIGNMENT

From: _____ Date: 29/01/2019
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLK 32654
at Workshop m/s: Shu Fatt
of: Blk 1009 Bukit Merah Lane 3 # 01-90
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: 11am-11:30am

(Policy Condition)

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



Bal. or Market Value: \$48k
IDAC Accident Rpt: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 5 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS wpi

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLK3265H Yr Regn: 04 Jun 2010
Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mercedes E300 C.C. 2996
Colour: Black A/C Insured / Std / NI / NA
Sp. Reading: 170293 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDD 2120 54 2A 226804
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 / Rim or
Tyre Size: F: 245/45 R17
R: 17

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

Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. w/s D.O.I. 29-01-19
Survey held at 11:30

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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

) \$ + RS \$

) Photos

) Others

)

TOTAL

Report Format :

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