

Signature *Paul*

REF: ASM(AXA)

1563A

ASSIGNMENT

From: _____ Date: 05-12-2018

Estimated Cost:

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

To Inspect Vehicle No: SLU 1207L

at Workshop m/s Wearnes

of 249 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Daihatsu

(Policy Condition)

2pm - 3pm

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

N/S	O/S

Bal. or Market Value:

99K

IDAC Accident Rpt: _____ 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 'DS'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLU 1207L Yr Regn: 2017 / NBV

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

Truck / Trailer or

Make: RENAULT GRAND SCENIC 1.5 c.c 1461

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

Sp. Reading: 20533 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1RFA00158580930

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 8/Rim / STD A/Rim or

Tyre Size: F: 195/55R20

R: _____

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 16/11/18

D.O.I. 05/12/18

Survey held at

WEARNES

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

N/FRT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

2)

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

) \$ + RS \$

) Photos

) Others

Report Format :

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

TOTAL