AXA

Transfer

Date:

Date:

Called Insured:

Call Type: WS / HCES / FOLCE / DCVA / RIV / MV

Delivered / Made Ins

Official Inspection

of

Insured:

Policy No:

Claim No:

Claim Insured: Loss:

Policyholder's Person:

Make of Veh:

(Policy Condition)

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

Est. or Market Value: 960K.

IDAC Accident Report: Consistent? Yes or No

GIA / PR Report: Consistent? Yes or No

Est. Repairs: days Res. Yes or No

Lump Sum: % Total Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Co Co.

Date / Time	Action / Instruction

Veh No: SKW7727P 2015 - Nov

Type: M / Motorcycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mitsubishi Lancer 1590

Colour: Grey Insured Car / NI / NA

Eng Number: 80347 Lifetime Insured / Std / NI / NA

Eng No: JMYSRCY1AF400552b

C/No:

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brakes: Inoperative / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 60KLb

R:

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

Front		Rear	
R/Ext:	6 mm	R/Ext:	6 mm
L/Ext:	6 mm	L/Ext:	6 mm
D.O.O.A:		D.O.I:	26/6/1924pm

Survey held at: BC Parts Hub

Dets of Damages: F/L / Rear / O/S / N/S / U/C / Rooftop or

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

Date/Time File Passed? Prelim. Report

Final Report

Date/Time File Returned?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp. ($) Interview ($) Footn Insp. ($) Weekend ($)

Survey Fee:

Transportation:

S.O.P.: ($)

Photo:

Other:

Total:

Report Format:

Lump Sum / LIE ($)