

REF:

ASM(AXA)

ASSIGNMENT

From

Date:

29-01-2019

Estimated Cost:

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

To inspect Vehicle No:

SKC 6212

at Workshop m/s

Poon Sing Snow

of

Insured

Policy No.

Claims No.

Sum Insured:

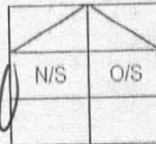
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

534k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKC 6212

Yr Regn:

07 11

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

Truck / Trailer or

Make:

MS A) Juke

C.C.

1618

Colour:

M. Red

A/C:

Insured / Std / NI / NA

Sp Reading

161883

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1FAAF1380005035

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ Rim / STD ☒ or

Tyre Size:

F:

R:

245/45ZR19

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/12/18

D.O.I.

29/1/19

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:



Site Insp (\$



Interview (\$



Tech Insp (\$



Weekend (\$