REF: ASM(AXA)

ASSESSMENT

From: Date: 21/2/19

Estimated Cost:

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

To inspect Vehicle No: SLZ7610P

at Workshop m/s: Esteem Performance

at: B11C 5033, AMK Ind-park 2 #01-259

Insured:

Policy No:

Claim 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: $ 83k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLZ 7610P Yr Regn: 05 18

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

Make: Toy Prius (A) C.C: 1797

Colour: m. p. white A/C: Insured / Std / NI / NA

Sp.Reading: 84511 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZVW50 8034364

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	6 mm
L/Bal.	9 mm	L/Bal.	6 mm
D.O.A.	24/12/18	D.O.I.	21/2/19

Survey held at

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

Rear N/S

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

Date / Time Action / Instruction

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 ($

Survey Fee:

Transportation:

) S+RS $

) Hedes

) Other

Total

Report Format :

Lump Sum / I.B.I: ($