(08/11-14)
Surveyor

REF: ASM(AXA)

ASSIGNMENT

From: Date: 14012019

Estimated Cost:

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

To Inspect Vehicle No: GBH 6151S

at Workshop m/s City Auto

of Blk 8 Sin Ming Ind Est #01-60

Insured: TOG

Policy No. 1570G

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) Ham

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

N/S	O/S

Bal. or Market Value: 6.67K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBH 6151S Yr Regn: 07 / 18

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

Make: Toy Dyna C.C 2982

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

Sp.Reading 11691 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT35Y60K 210240

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: 185 75R15

R: 155R12X8(D)

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 9 mm
L/Bal.	9 mm	L/Bal.	9 9 mm
D.O.A.	9/1/19	D.O.I.	14/1/19

Survey held at

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
15/1	File pass to

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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