

*Paul*

REF:

20681 B1P

38862

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLK 5260H

at Workshop m/s

Autowheel

of

1, Bukit Batok Crescent #02-40

Insured

AXA

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

6/10

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days Res.: Yes or No

Lump Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No

SLK 5260H

Vt Regn

2017

JAN

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

Truck / Trailer or

Make:

MAZDA 3

C.C. 1496

Colour

GREY

A/C Insured / Std / NI / NA

Sp. Reading

85419

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM 6BN 22 AB H037622

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

YOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

30/01/19

D.O.I.

01/03/19

Survey held at

Autowheel

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. File Pass to?



: Prel. Report

By



: Final Report

Date/Time. File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

\$ + RS \$

Photos

Other

Report Format :

Lump Sum / LB F (\$)

TOTAL

