REF: AXA

ASSIGNMENT

From: Date: 15/2/19

Estimated Cost:

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

To Inspect Vehicle No: SJZ99K

at Workshop m/s: Yew Tee Automobile

of: 25 Kaki Bkt Rd 4 #01-61

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: 9am-1pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $5 2/-

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen? Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up 18/1/2019

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJZ99K Yr Regn: 19/1/09

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

Make: Honda Civic c.c: 1799

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

Sp.Reading: 124872 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMFD16095201444

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: 205/55-R16

R:

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.		D.O.I.	15/2/19

Survey held at

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

LH n/s.

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

Date / Time	Action / Instruction
	LTA 31099

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 SI

Photos

Other

TOTAL

Report Format :

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