REF: ASM(AXA)

Date: 20/2/19

From:

Estimated Cost:

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

To inspect Vehicle No: SFP 8131 Y

at Workshop m/s: BH Auto

of: Blk 1 Sin Ming Ind. Est. Se. C. #01-111

Insured:

Policy No:

Claims No:

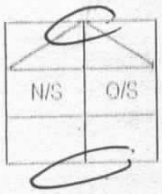
Sum Insured: Excess:

(Client's Record)

Make of Veh: 11am 12pm

(Policy Condition)

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



Bal. or Market Value: @ 51K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 09 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: SFP 8131 Y Yr Regn: 01 15

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

Make: Toy Vios E c.c. 1497

Colour: M. Grey A/C Insured / Std / NI / NA

Sp.Reading: 49137 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MHFBT9F3406033820

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	11/2/19	D.O.I	20/2/19

Survey held at

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

& Rr

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

Date / Time	Action / Instruction
20/2	Eh not ready

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) S+RS SI

☐ : Interview ($) Photos

☐ Tech Insp ($) Other

☐ Weekend ($)

Survey Fee:

Transportation:

TOTAL