REF: ASM (AXA)

ASSIGNMENT

From: Date: 20/02/2019

Estimated Cost:

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

To Inspect Vehicle No: SKS 8017U

at Workshop m/s: Lim Tan Motor

of: Blk 176, Sin Ming Drive # 03-09

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10:30am

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 8 75k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKS 8017U Yr Regn: 12 12

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

Make: BMW Active Hybrid 3 2979

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

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

Eng/No:

C/No: WBA3F920401F203416

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: R: 245/40R18

BS / DUN / EXNOVA / GY / LFS / 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.	10/2/19	D.O.I.	20/2/19

Survey held at

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech Invs ($) ☐ Weekend ($)

Survey Fee:

Transportation:) S + RS S

) Photos

) Others

) TOTAL

Report Format:

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