

REF: ASM(CAXA)

ASSIGNMENT

From

Date

25/2/19

Estimated Cost

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

To inspect Vehicle No

SLW 8250D

at Workshop n/s

JKS Motor

of

8 kaki Bkt Ave 4 #03-45 premier

Insured

Policy No

Claims No

Sum Insured

Excess

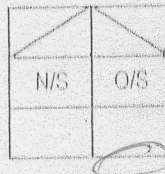
(Client's Record)

Make of Veh:

After 2pm

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3 days

Res.: Yes or No

Lump Sum:

N %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

SLW 8250 D

In Regn

27/7/2009

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

Truck / Trailer or

Make: TOYOTA MARK X 2.5L

C.C 2499

Colour: BLACK

A/C Insured / Std / NI / NA

Sp. Reading: 161279

T/Radio: Insured / Std / NI / NA

Eng/No: 4 GR0535268C/No: GRX1203069260Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 215/60R16R: 215/60R16BS / 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.

14/02/19

D.O.I.

25/2/19

Survey held at

JKS MOTOR

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

Range 2,000 - 3,000

45 \$1200 / - (Red = \$498.78 / 70 1-)

MV 21,000/2
PV 17,178/2
NV 3,822/2

Total time
1/3/19

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Report Format:

Lump Sum / L.B.I. (\$)

TOTAL

