REF: ASM(AXA)

Assignor: Mersu.

ASSIGNMENT

From: Date: 1/3/2019

Estimated Cost:

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

To Inspect Vehicle No: SGU9295U

at Workshop m/s: Kan Fook Sing

of: 61 Defu Lane 12

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: 2pm @ owner waiting

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 45k.

IDAC Accident Rport: Consistent? : Yes or No

CA / 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 L1A41007

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGU9295U Yr Regn: 5-07

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

Make: Nissan C.C: 1498

Colour: s.hu A/C: Insured / Std / NI / NA

Sp.Reading: 115906 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1BAAC11Z0004619

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: R: 185/65-R15

BS / DUN / EXNOVA / GY / FS / KEA / 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.	21/2/19	D.O.I.	1/3/19

Survey held at

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

R rls.

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

Date / Time	Action / Instruction
	Spare parts SOZ Not agree.

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 ($) ☐ Interview ($) ☐ Tech Invs ($) ☐ Weekend ($)

Survey Fee:

Transportation

( ) S + RS ( ) SI

( ) Photos

( ) Other

( )

TOTAL