Surveyor: Ram | REF: ASM(AXA) | JOYON

ASSIGNMENT

From: | Date: 26/2/19

Estimated Cost:

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

To Inspect Vehicle No: SFD 699S

at Workshop m/s: EM-1 Auto

of: Blk 8 #01-68 Sin Ming Ind. Est. S(C)

Insured:

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 78K

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

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SFD 699S | Yr Regn: 2016 Jun

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

Make: TOYOTA WISH 1.8XA | c.c: 1798

Colour: PURPLE | A/C: Insured / Std / NI / NA

Sp.Reading: 78811 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZGE20 6030321

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: 195/65R15

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.	22/02/19	D.O.I.	26/02/19

Survey held at: EM-1 AUTO

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

O/S & ~~Frt~~ N/S Frt

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

Date / Time	Action / Instruction

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: ($)