REF: AXA

ASSIGNMENT

From: Date: 4/3/19

Estimated Cost:

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

To Inspect Vehicle No: SFK 981P

at Workshop m/s Torque 5

of 8 Kaki Bukit Ave 4 #01-49

Insured:

Policy No.

Claims No.

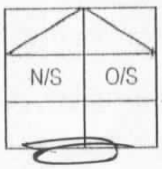
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: SFK 981 P Yr Regn: 20/6/2016

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

Make: TOYOTA WISH C.C: 1798

Colour GREY A/C: Insured / Std / NI / NA

Sp.Reading 53745 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR1774788

C/No: JTDGG20W90J0043443

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Border / Jammed / Leaked / Burnt or

Brake: Border / Jammed / Leaked / Burnt or

Modi : Nil / SARim / STD A/Rim or

Tyre Size: F: 195/65/15

R: 195/65/15

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. 22/2/19 D.O.I. 4/3/19

Survey held at Torque 5

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 10,000/- - 11,000/-

TCLim 14/3/19

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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