

REF: ASM(AXA)

Surveyor

ASSIGNMENT

From:

Date:

28/03/19

Estimated Cost:

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

To Inspect Vehicle No:

SGM 4983K

at Workshop m/s

Autoworx House

of

176 Sin Ming Drive # 02-01

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SGM 4983K

Yr Regn: 20/10/2006

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

Truck / Trailer or

Make:

Nissan Latio 1.5

c.c 1498

Colour

Silver

A/C: Insured / Std / NI / NA

Sp.Reading

146240

T/Radio: Insured / Std / NI / NA

Eng/No:

HR15019182A

C/No:

JN1BAAC11Z0002131

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ R/Rim / STD A/Rim or

Tyre Size:

F: 185/65/15

R: 185/65/15

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.

D.O.I.

28/3/19

Survey held at

Autoworx House

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

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

Date / Time

Action / Instruction

Range 6000/2 - 8000/2

MV 19,000/2

PV 13,270/2

NV 5,721/2

TRIM lin
1/4/19

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: 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

Others

TOTAL

Report Format :

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