

REF: AXA

ASSIGNMENT

From:

Date: 24/4/19

Veh No:

SFY 709 L

Yr Regn: 30/8/2005

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

SFY 709 L

Make:

Mitsubishi Lancer

c.c. 1584

at Workshop m/s

Lai Hwat Motor

Colour

Red

A/C: Insured / Std / NI / NA

of

160 Sin Ming Dr # 04-01

Sp. Reading

23.4418

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

4G18GP0758

Policy No.

C/No:

JMY5TCS3A-U0000586

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

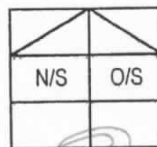
(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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

Tyre Size:

F: 195/60/15

R: 195/60/15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

5

mm

R/Bal.

5

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

5

mm

L/Bal.

5

mm

Est. Repairs:

8

days

Res.: Yes or No

D.O.A.

22/4/19

D.O.I.

24/4/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Lai Hwat Motor

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

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 4,000/- - 5,000/-

MV 16,000/-

PV 8440/-

NV 7560/-

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. Invs (\$

☐

Weekend (\$

) \$ + RS. SI

) Photos

) Others

Report Format :

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

TOTAL