(08/11/13)

REF: ASM (AXA)

Surveyor

ASSIGNMENT

From: Date: 8/5/19

Estimated Cost:

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

To Inspect Vehicle No: SJD 6019T

at Workshop m/s Allswell

of 25 Defu Lane 9

Insured:

Policy No.

Claims No.

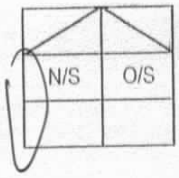
Sum Insured: Excess:

(Client's Record)

Make of Veh: ASM (AXA)

(Policy Condition)

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



Bal. or Market Value: 21k.

IDAC Accident Rport: Consistent? : Yes or No

~~SIA / PR~~ Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 27/3/2023

Date: Person Contacted: LTA 1527g Vehicle: IN / OUT

Veh No: SJD 6019T Yr Regn: 3 / 08

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

Make: Toyota corolla Altis 1.6 C 1598

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

Sp.Reading 419699 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053ZEE106100640

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 Kapsen.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	3/5/19	D.O.I.	8/5/19

Survey held at

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

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

Date / Time	Action / Instruction
8/5/19	confirmed L/S @ 1400 with Ben. spare part $02 = L/S 1600.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation: __ S + RS, __ SI

Photos

Others

TOTAL