(08/11/13)

Surveyor

REF: ASM (AXA)

ASSIGNMENT

From: Date: 22.7.2019

Estimated Cost:

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

To Inspect Vehicle No: GBH 7070

at Workshop m/s Lai Huat

of 160 San Ming Drive #04-01

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: 860k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-A.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS mp''

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBH 7070 Yr Regn: 12 / 17

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

Make: NS NV350 c.c 2488

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

Sp.Reading 39305 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1MC2[illegible]E28[illegible]0008576

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: Mic 195R15 XL

R: Dun

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	5 mm
L/Bal.	7 mm	L/Bal.	5 mm
D.O.A.	4/5/19	D.O.I.	22/7/19

Survey held at ✓

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

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

Date / Time	Action / Instruction

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	