

REF: ASM(AXA)

ASSIGNMENT

From: _____ Date: 12.7.19
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLP 12876
 at Workshop m/s SK Auto mobile
 of 8 kaki Bukit Ave F #08-46 Premier
 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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLP 12876 Yr Regn: 2017 May.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Subaru Forester C.C. 1998
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 21804 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF1SJAK85H G08-9248
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/55R18
 R: 225/55R18

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

Front Rear
 R/Bal. 26 mm R/Bal. 26 mm
 L/Bal. 26 mm L/Bal. 26 mm
 D.O.A. _____ D.O.I. 12/07/19
 Survey held at S.K.

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

TP AXA

MV: 951k
 PV: 57.31k
 Net: 37.7k

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. (\$)