

REF: ASM (AXA)

ASS. REC. BY:

ASSIGNMENT

From: \_\_\_\_\_ Date: 15.10.2019

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLK 551B

at Workshop m/s: Precise Auto

of No 1 Kaki Bukit Ave 6 # 02-34 36

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: 11.000.000 owner waiting

Veh No: SLK551B- Yr Regn: 2009 / Feb.

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

Make: Honda Edix c.c. 1558

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

Sp. Reading: 142072 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 8E31203284

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: 205/55R16

R: 205/55R16

(Policy Condition)

N/S	O/S

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

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 "ny"

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR) / SUMI / TOYO / YOKO or \_\_\_\_\_

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>15/10/19.</u>

Survey held at Precise.

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

**FRONT**

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

Date / Time	Action / Instruction
	<u>TP AXA</u>
	<u>COE Expiry: 25/02/29.</u>
	<u>MV: 55K (Depreciation 6k 6x9.3 = 55k)</u>
	<u>PV: 29.9k</u>
	<u>Nett: 25.1k.</u>

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: \_\_\_\_\_

1) \_\_\_\_\_ \$ + RS. \_\_\_\_\_ \$

2) \_\_\_\_\_ Photos \_\_\_\_\_

3) \_\_\_\_\_ Others \_\_\_\_\_

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Report Form: \_\_\_\_\_

Lump Sum / F.B.: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

TOTAL \_\_\_\_\_