

ASS. REC. BY: Adwan

REF: ASM (AXA)

ASSIGNMENT

From: _____ Date: 21.10.2019

Veh No: SJQ 79182 Yr Regn: 2009 / May

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: SJQ 79182

Make: Suzuki Swift c.c 1586

at Workshop m/s Sin Yu Workshop

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

of Kafu Bukit Ave 6 #01-52

Sp. Reading: 128084 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: JSAEZC31S00204068

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 / SRim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 205/45 R17

R: 205/45 R17

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

N/S	O/S

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. 06 mm R/Bal. 06 mm

GIA / PR Seen: _____ Consistent?: Yes or No

L/Bal. 06 mm L/Bal. 06 mm

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

D.O.A. D.O.I. 21/10/19

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

Survey held at Sin Yu Sin

CA / REV / REP. / 24 HRS ^{my} Vehicle: IN / OUT

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

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	TPAXA
	MV: 24K
	PV: 11.81K
	Nett: 12.2K

COE Expiry: 30/04/24

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: : Site Insp (\$)

Transportation:

: Interview (\$)

Photos

: Tech. Invs (\$)

Others

: Weekend (\$)

Rep. Format: _____

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

TOTAL