

REF: es3/ASM/9006569/Apb3s2-

Special Instruction:

LSum: \$40,000

From (Person): Tan Wan Cong of AxA Date/Time: 15.11.19 12.32p.m
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: S.K. Auto Consultant

Workshop: Ace AutoLution

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: YP 7085D

Insured: XD 8573E

at Workshop m/s Ace Autolubion

Tel: 6844 1184

of 13 Kaki Bukit road 4 #103-29

Policy No:

Claim No: 59mo1JWsmc/x4

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10.4.2019

(Client's Record)

28/11/2019 @ 2pm

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$ ____ / ____ %; Original 20 days)

Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time	Action/Instruction
	YP 7085 D - C22 / ASM 1900 G569 / APb 352
	XD 8573 E - C33 / ASM 1900 G569 / APb 352
	DOA: 10/04/2019
	DOA: 10/11/2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value ;

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

1) Date/Time _____ File Pass to _____
3) Date/Time _____

3) Date/Time _____ File Pass to _____
5) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____
 _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____

ASSIGNMENT

Veh No: **YP7085D** Yr Regn:
 Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Isuzu** C.C.
 Colour: **Green** A/C: Insured / Std / NI / NA
 Sp. Reading: **96991** T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No:
 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: **195R15** **Ohtsu**
 R: **185R14C** **Fulker.**

Estimated Cost:
 / TP / WS / TP RES / OD RES / EVA / INV / MV
 Inspect Vehicle No:
 Workshop m/s:
 Insured:
 Policy No:
 Claims No:
 Sum Insured: Excess:
 (Client's Record)
 Make of Veh:

N/S	O/S

(Policy Condition)
 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: **20** days Res.: Yes or No
 Lum Sum: **20** % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

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

Front Rear
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. D.O.I. **28/11/19.**

Survey held at **Ace Antolution**
 Des. of Damages Fr / 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 Reinspection

L/sum \$25,500.00 - 20days

MV :
 PV :
 Nett:

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ Site Ins. (\$