CS3/ASM18015964/Gqf3-1

22/03/2002

ASS. REC. BY: | REF: ~~CS3/AXA1801S4G1/Gqf3-1~~ ASM | Special Instruction: ✓

Surveyor : GQ

ASSIGNMENT (Office) 25/03/2020

From (Person): Johnny Yong of ASM ~~AXA~~ Date/Time: ~~31/8/18 @2.28pm~~

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLD932Y Insured: SLB627

at Workshop m/s N-51 Automotive Tel: 68420051

of 2 Kaki Bkt Ave 2 #01-18

Policy No: Claim No: S8M00Tz5

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 31/08/2018

CA / REV / REP. / REV 24 HRS (wp)

Date/Time: 2.59pm @ 31/8/18 Person Contacted: eileen Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (X) Estimate
	SLD932Y-X
	SLB627-X.
3/9/18	Dismantled.

21/04/20 SUBMIT LS $15400, 12 DAYS (Red $13000, 46%)

Surveyor: KMR. | REF: AXA | 1773H

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s N51

of _____

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: $70K

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

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

Est. Repairs: 12 days Res.: **Yes** or **No**

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

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLD932Y Yr Regn: 02 Jun 2016

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

Make: Toyota Altis 1.6 c.c 1598

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 64732 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: MR053REH 0454932

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: 45/45 R17

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	31-08-18

Survey held at W/S 3:15pm

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
4/9/18	submit PRS report.

Date/Time, File Pass to?

1) 21/04 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : SMART CLAIMS

Lump Sum / ~~I.B.I.~~ ($ 15400)

Days Of Repair: 12

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:	100
Transportation: ___S + RS, ___SI	
Photos	
Others	
TOTAL	100