

(08/11/13)

REF: AXA

CoE 2020 July

Surveyor:
Mullin

ASSIGNMENT

2005 July

From: _____ Date: 08.12.2016

Estimated Cost: _____

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

To Inspect Vehicle No: XB 9137D

at Workshop m/s: Goldbell

of: 10 Tuus Ave 18

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: XB 9137D Yr Regn: _____

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mitsubishi FV517.c.c 11943.

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

Sp. Reading: 395662. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FV517 PIA. 60423

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

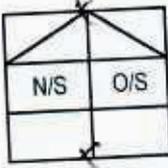
Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: H9008-20 215/80R225

R: (D) 10.00-20

(Policy Condition)

before 4pm



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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front	BS		Rear	ORNET	
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.			D.O.I.		

CA / REV / REP. / 24 HRS

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

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Photos _____

Others _____

TOTAL _____