

ASS. REQ. BY: Sun Pm

REF: ASM (AXA)

PRS

ASSIGNMENT

From:

Date:

31.10.2019

Estimated Cost:

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

To inspect Vehicle No: SLR 3490 L

at Workshop m/s My Car Consultant

of 53 ubi Ave 1 # 01-33

Insured:

Policy No:

Claims No:

Sum Insured:

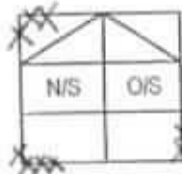
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report: 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

rup

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLR3490L

Yr Regn: 11/Aug/2017

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

Truck / Trailer or

Make:

Toyota C-HR Hybrid 1.8G c.c 1797

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading:

49541

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZYX102042426

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F: 225 / 50 R18

R: 225 / 50 R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 26/10/2019

D.O.I. 31/10/2019 1044

Survey held at

My Car.

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

MV: 78,000

Repair days : 15 days
Repair Range : 15k-16k.

08/12/2022 Submit L/S \$19,150.00 @18 days (Red \$20,150.00/51%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Returns to?

2)

Days Of Repair:

15

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

100

Transportation:

S + RS. 81

Phone:

Other:

TOTAL

100

Rep. Form:

PRS

Emp. Sma / P.P. 15