

08/11/16

REF: AXA

ASS. REC. BY:

Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

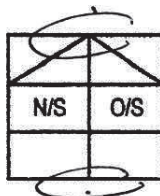
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 14 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 93016 Yr Regn: 12.11Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Chevrolet Epica c.c. 1991Colour White/Red A/C: Insured / Std / NI / NASp. Reading 438325 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLILA 89RTBB 055299Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: Falken 195/65R15R: Pirelli

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mm R/Bal. 6 mmL/Bal. 8 mm L/Bal. 6 mmD.O.A. 26/2/16 D.O.I. 26/2/16

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or& 1st

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

Date / Time	Action / Instruction
26/12	GIA & EH not ready
2/13	File pass to Catherine

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

) S + RS. \$

) Photos

) Others

Report Format : _____

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