Tanfah | REF: AXA 220631 7035

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m's

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.

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

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLK 4964S Yr Regn: 2017 Jan

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

Make: Kia Carens 1.7 Di cc 1685

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

Sp.Reading: 23265 T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: KNAH4815VG7164533

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: 225/45 R17.

R:

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.	27/12/2015 40

Survey held at: C&C Pandu Gdn

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

Frt o/s.

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

Date / Time	Action / Instruction

Date/Time File Pass to: : Preli. Report

: Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp. $

: Interview $

: Tech. Info. $

: Weekend $

Report Format :

Lump Sum / I.B.N. $

Survey Fee

Transportation

Photos

Other

Total