

Form

22114/14ka3 - (12)

53910

ASSIGNMENT

From _____ Date _____

Estimated Cost: _____

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

To inspect Vehicle No. **SJD 150K**

at Workshop No. **KXH MOTOR**

Insured **AXA**

Policy No. _____

Claims No. _____

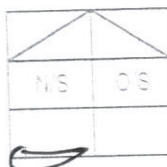
Sum Insured _____ Excess _____

(Client's Record)

Make of Veh. _____

(Policy Condition)

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



Ball or Market Value: _____

IDAQ Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS **DLs**

Date _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No

SJD 150K

2017 **86P**

Type **C** M Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make **Honda Odyssey 2-4** **2356**

Colour **Grey** **40** Insured Std / Nil / NA

Scr/Reading **003874** **7** Paid Insured Std / Nil / NA

Eng No

Ch No **JHMRC1890HC203721**

Gen / Cond Good / **8** Poor / Burnt

Steering / **8** Jammed / Leaked / Burnt or

Brake **8** Jammed / Leaked / Burnt or

Mod / Nil / **C** STD Air / or

Tyre Size **R 215/55R17**

BS / **C** EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI

TOYO / YOKO or

Front

R/Bal **6** mm

L/Bal **6** mm

D/OA **12/11/17**

Survey held at **KXH MOTOR**

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

REAR N/S

The U/O / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time File Passed

☐ : Preli. Report
☐ : Final Report

Date/Time File Returned

Days Of Repair

Resurvey No. of Trip

State Fee

Transfer Fee

Ins-Pol Fee

Stamp

Stamp

Stamp

Stamp

Add Fee:

☐ Site Insp \$
☐ Inter. Insp \$
☐ Tech Insp \$
☐ Rep. Insp \$

Report Format

Lump Sum / Bill of

