

Signature YBC

REF: AXA

ASSIGNMENT

From: _____ Date: 13/12/17
 Estimated Cost: _____
 OD ☒ TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKH 8958L
 at Workshop m/s: Ethi carz
 of 56 Tayeng way, Tayeng Enterprise Building
 Insured: # 04-04, 508775
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: John

(Policy Condition)

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
 CA / REV / REP. / 24 HRS Cap

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

Veh No: SKH 8958L Yr Regn: 25 Jan 2013
 Type: ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Renault Scenic C.C. 1461
 Colour: Brown A/C: Insured / Std / NI / NA
 Sp. Reading: 100402 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: vF1JZ09B348401407
 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 / Rim or
 Tyre Size: F: 215/55 R17
 R: 11
 BS / ☒ PUX / 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. 13-12-17
 Survey held at W/S 3:30pm
 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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

) \$ + RS \$

) Photos

) Others

Report Format :

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

TOTAL