

REF:

AXA

ASSIGNMENT

From

Date

Estimated Cost

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

To inspect Vehicle No

at Workshop in/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.

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

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

Veh No

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

Truck / Trailer or

Make

Colour

Sp. Reading

Eng No

C No

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:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R. Bal

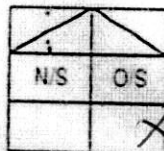
L. Bal

D.O.A

Survey held at

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

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



Accident Report Not Given

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. Invs \$

☐

Weekend \$

Survey Fee

Transportation

3 + 100 \$

Photos

Other

Report Format:

Lump Sum / I.B.I. \$