REF: AXA

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLL 6955 Y

at Workshop m/s: Hillwell

of: 25 Detuhene 9

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
	X

Bal or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**

G/A 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

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

Veh No: SLL 6955 Y Yr Regn: 11/3/2008

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

Make: BMW 520i cc: 1995

Colour: Dark Grey A/C: **Insured / Std / NI / NA**

Sp Reading: 179081 A/T Radio: **Insured / Std / NI / NA**

Eng No:

C No: WBAN T12020CX29029.

Gen Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi: **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 245/35 ZR19.

R: 275/30 ZR19.

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

Front		Rear	
R/Bal	2 mm	R/Bal	2 mm
L/Bal	2 mm	L/Bal	2 mm

D/O A: 10/12/2017. D/O I: 15/12/2017

Survey held at: As Above.

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

Right Rear Side

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

Date / Time	Action / Instruction
	Accident Report Not Given.

Date/Time File Pass to:

Date/Time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($

☐ Interview ($

☐ Tech. Invs ($

☐ Weekend ($

Report Format :

Lump Sum / I.B.I: ($