Raou | REF: AXA | 6755M

ASSIGNMENT

From: Date: 23.01.2018

Estimated Cost:

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

To Inspect Vehicle No: SFK 2200Y

at Workshop m.s: Motorway Car Care

of: 1094, Lower Delta

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Tony

11-30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SFK 2200Y Yr Regn: 2016 Auch

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

Make: Toyota Lexus LX 570 A cc: 5662

Colour: WHITE A.C: Insured / Std / NI / NA

Sc.Reading: 38791 T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: URJ201420 2255.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Unorder / Jammed / Leaked / Burnt or

Brake: Unorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/50R21

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.	29/11/17	D.O.I.	23/11/17

Survey held at: MOTORWAY

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

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: ☐ State Insp. $ ☐ Interim $ ☐ Tech. Insp. $ ☐ Tech. Insp. $

Report Format:

Lump Sum / I.B.I. $

Survey Fee

Transportation

Other