REF: AXA

ASSIGNMENT

From: Date: 29.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SKE 6760T

at Workshop m/s: Cycle & Carriage

of: 309 Pandan Garden

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Coco

1pm - 5pm

(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: SKE6760T Yr Regn: 26 Mar 2012

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

Make: Kia cerato Forte c/c 1591

Colour: white A/C: Insured / Std / NI / NA

Sp Reading: 94298 T Radio: Insured / Std / NI / NA

Eng No:

C/No: KNAFW611MC5605243

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / Sport / STD A/Rim or

Tyre Size: F: 215/45ZR17

R: 11

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.		D.O.I	29-12-17

Survey held at: w/s 2pm

Des. of Damages: F / 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 1: ☐ : Prell. Report ☐ : Final Report

Date/Time File Return to 2:

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

Transportation:

Add Fee: ☐ Site Insp $ ☐ Interview $ ☐ Tech Insp $ ☐ Weekend $

Photos

Others

Report Format :

Lump Sum / I.B. $