REF: AXA

Smart claim

ASSIGNMENT

From: Date: 05012018

Estimated Cost:

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

To Inspect Vehicle No: GX 4825B

at Workshop m/s CT Auto

of Sin Ming

Insured:

Policy No.

Claims No.

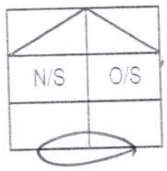
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $13k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 3/18 Person Contacted: Vehicle: IN / OUT

Veh No: GX 4825B Yr Regn: 06 04

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

Truck / Trailer or

Make: Toy Litace c.c 2184

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

Sp.Reading 423782 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: CP92 - 5009485

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: 165R13 x8

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	3 mm
L/Bal.	8 mm	L/Bal.	3 mm
D.O.A.	2/1/18	D.O.I.	5/1/18

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.

Date / Time	Action / Instruction
8/1	File pass to Catherine

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) $ + PS $

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($

TOTAL

Report Format :

Lump Sum / I.B.I: ($