ASS. REC. BY: REF: AXA/

Kenneth

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Trans Cab

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: STD 5324 S Yr Regn: 04, 10

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

Make: Toy Wish c.c 1987

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

Sp.Reading 341341 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDGJ20W405002106

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: Falken 195/65R15

R: Westlake

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	3 mm
L/Bal.	5 mm	L/Bal.	3 mm
D.O.A.	11/12/12	D.O.I.	12/12/12

Survey held at

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

Rear N/S

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

Date / Time	Action / Instruction

Date/Time, File Pass to? Date/Time, File Return to?

1) 2)

3) 4)

5) 6)

Preli. Report:

Final Report:

TOTAL LOSS

KIV FOR LOD

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL