REF: AXA

ASSIGNMENT

From: Date 22/01/2018

Estimated Cost:

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

To Inspect Vehicle No: SLN6327C

at Workshop m/s Hui yang

of 176 Sin Ming Drive # 01-02

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) After 11am

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / up

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLN 6327C Yr Regn: 05 17

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

Make: Toy Atio G c.c 1496

Colour M.P. White A/C Insured / Std / NI / NA

Sp.Reading 25541 T.Radio: Insured / Std / NI / NA

Eng.No:

C/No. NRE161 0025044

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: 175/65R14

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	13/1/18	D.O.I.	22/1/18

Survey held at

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

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

Date / Time	Action / Instruction
23/1	File pass to Catherine 1 Lsp $1500 email

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

Photos

Others

TOTAL

Add Fee: Site Insp / $

Interview / $

Tech Advice / $

Weekend / $

Report Format :

Lump Sum / I.B I : $