Xad. AXA

ASSIGNMENT

From: Date: 2/2/18

Estimated Cost:

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

To Inspect Vehicle No: SHD 6420R SMRT

at Workshop / s:

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / up

Vehicle IN / OUT

Date: Person Contacted:

Ref No: SHD6420R Reg: 19 Dec 2017

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

Truck / Trailer of: Hybrid

Make: Toyota Prius cc: 1798

Colour: Brown A.C: Insured / Std / Nil / NA

Sp.Reading: 767 Radio: Insured / Std / Nil / NA

Eng No:

C No: JTDKB3FU 903576828

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 11

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.		D.O.I	02-02-18

Survey held at: w/s 4.30pm

Des. of Damages: Fr / 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:

Date/Time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp $ ☐ Attendance $ ☐ Technical Fee $ ☐ Assessing $

Survey Fee:

Transportation:

Parking:

Misc:

Total:

Report Format:

Lump Sum / Breakdown $