

AxA

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/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
 Turn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No. SKW 9413G Yr Regn: 23/11/2015
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Subaru Forester C.C. 1995
 Colour Silver A/C: Insured / Std / NI / NA
 Sp. Reading 54187 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF1S75K5FG 059607
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 225/60 R17
 R: "

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. 26/2/18		D.O.I. 26/4/18

Survey held at Hua Hong
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
 Frt OS
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report
 : Final Report

1) Date/Time, File Return to?
 2)
 Report Format :
 Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee:
 Transportation: _____
) \$ + RS. \$ _____
) Photos
) Others
 TOTAL