REF: AXA

## ASSIGNMENT

From: Date: 01/03/18

Estimated Cost:

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

To Inspect Vehicle No: PC 47382

at Workshop m/s: Think One Auto

of: No 18 Defu Ave 2

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record): 10am - 12pm

Make of Veh: TP IS ARC wksp

(Policy Condition)

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

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % G Val.: Yes or No

CA / REV / REP. / 24 HRS / wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PC 47382 Reg: 26/5/2016

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

Make: Toyota Hiace

Colour: White A/C: Insured / Std / Nil / NA

Sp.Reading: 132102 T.Radio: Insured / Std / Nil / NA

Eng No:

C No: KDH 223 0027510

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15C

R: 106/104R

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or CST (R) Super 2000 (V)

| Front: | | Rear: | |
|---|---|---|---|
| R.Bal: | 4 mm | R.Bal: | 3 mm |
| L.Bal: | 4 mm | L.Bal: | 3 mm |
| D.O.A: | 21/2/2018 | D.O.: | 01/03/2018 |

Survey held at: As Above

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

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

| Date | Time | Action / Instruction |
|---|---|---|
| | | Wilson, Pls complete the necessary Turfro. & check parts prices |

2/3

Date/Time File Pass to: : Preli. Report

: Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: Site Insp. $

Other $

Tech. Insp. $

Resurvey $

Report Format:

Lump Sum / I.B. / G