AXA

ASSIGNMENT

From: Date: 02/03/18

Estimated Cost:

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

To inspect Vehicle No: SLT 6275L

at Workshop m/s: Kah Motor

of: 15 Ubi Road 4

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record: 2pm - 4pm

Make of Veh: Any

(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 / FS 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: SLT 6275L Yr Reg: 11 17

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

Make: Honda civic Cc: 1597

Colour: white A.C: Insured / Std / NI / NA

Sp.Reading: 25-29 T.Radio: Insured / Std / NI / NA

Eng.No:

C.No: MRHFC5640HT000405

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:

R: 215/55-R16

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

Front		Rear	
R.Bal: 8	mm	R.Bal: 8	mm
L.Bal: 8	mm	L.Bal: 8	mm
D.O.A: 23/2/18		D.O.: 2/3/18	

Survey held at:

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

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

Date / Time	Action / Instruction

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: $

Reserve: $

Report Format:

Lump Sum / I.B.N: $