

ASS. REC. BY:

REF: AXAKenneth

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.

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

04 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

4/4File pass to Catherine

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

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:

S + RS, SI

Photos

Others

TOTAL

Veh No: SKK 70605Yr Regn: 08, 13Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Chevrolet Cruzec.c. 1500Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 39212

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1JA69E9DK 151291Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD / Rlm or

Tyre Size: F: _____

R: _____

R: _____

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

Front

Rear

R/Bal. 9 mmR/Bal. 8 mmL/Bal. 5 mmL/Bal. 8 mmD.O.A. 17/2/18D.O.I. 3/4/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orThe U/C / Chassis frame / Body Structure affected due to collision.
back of car