

Signature

Tanjah

REF:

AXA

## 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:

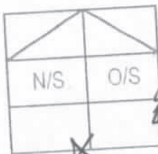
Excess:

(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 Rpt:

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

Vehicle: IN / OUT

Date:

Person Contacted:

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

Veh No.

SHD 2178 S

Yr Regn:

2017

Aug

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

Truck / Trailer or

Make:

Toyota vell fire

C.C. 2493

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

6866

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AYH300043591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / STD / STD A/Rim or

Tyre Size:

F:

215/65R15

R:

BS / DUN / EXNOVA / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Wan Hiko.

Front

R/Bal.

6

mm

Rear

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

6/4/18

Survey held at

Be Prime Auto.

Des. of Damages: Frt

Rear

N/S

U/C

Rooftop or

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