

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 _____

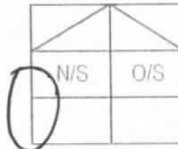
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. PA 9421 P Yr Regn. 2010 FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Urban Microbus 2953Colour: White A/C: Insured / Std / NI / NASp. Reading: 137989 T/Radio: Insured / Std / NI / NAEng/No: 2D30236051KC/No: 3N1TG4E2520786093Gen. Cond: Good / Fair / Poor / BurntSteering: Indifer / Jammed / Leaked / Burnt orBrake: Indifer / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15R: — " —

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

TOYO / YOKO or Sumitomo

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 25/04/2018D.O.I. 18/05/2018Survey held at Lim Tan AMK

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

N/S Body & N/S Rev

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

Date / Time

Action / Instruction

AXA GBF 9018K

Vehicle under Voluntary Welfare Organisation Scheme.
 No COE. Life span till Feb 2030

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

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

) S + R (\$)

) Photos

) Others

)

TOTAL