

Q172206

Kalish

REF: AXA

ASSIGNMENT

From: _____ Date: 18/05/18

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No: SHD 808 X

at Workshop m/s Trans-Cab

of No. 2 AMK St. 63

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.

N/S	O/S

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 ^{1wp}

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 808 X

Yr Regn: 29 Dec 2017

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 5603 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15A9C283345

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 215 / 60 R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 4/5/18 D.O.I. 18/5/18

Survey held at

Transcab

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

FRONT N/S / Rear d/s

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

Date / Time Action / Instruction

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) \$ + RS. SI

) Photos

) Others

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

TOTAL

PP