

(08/11/13) wef

ASS. REC. BY:

REF: ASM(AXA)

ASSIGNMENT

From:

Date:

02/07/2018

Estimated Cost:

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

To Inspect Vehicle No:

SLD 8507P

at Workshop m/s

TransEurokars

of

No. 5 ubi close

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

after 11 am

Make of Veh:

Vion

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Bal. or Market Value:

6810

IDAC Accident Rpt:

Consistent? : Yes or No

SIA / 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 ^{hup}

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLD 8507P

Yr Regn:

6, 16

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

Truck / Trailer or

CA /

Make:

mardo 2 sp

c.c

1496

Colour

Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

24004

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MM 6DL 25AAGW 192154

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

185/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

+96/18

D.O.I.

2/7/18

Survey held at

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

Rear

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

Date / Time

Action / Instruction

27A52724

Dys.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

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