(08/11/13) wef

ASS. REC. BY: Marcus.

REF: AXA/

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: SJV2931R

at Workshop m/s pA Kole

of ____

Insured: ____

Policy No. ____

Claims No. ____

Sum Insured: ____ Excess: ____

(Client's Record)

Make of Veh: ____

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 23

IDAC Accident Rpott: ____ 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: ____

Veh No: SJV2931R Yr Regn: 1/10

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA/

Make: Toyota corolla Altis c.c 1598

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

Sp.Reading 243872 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: MR053ZEE106164361

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked / Burnt or~~ affected

Brake: Inorder / Jammed / Leaked / Burnt or ____

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

Tyre Size: F: 195/65R15

R: ____

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

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 7/6/18		D.O.I. 11/6/18	

Survey held at ____

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

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

Date / Time	Action / Instruction
	LYA 12751 lyrs 7al. Rep 9500 Nett 10249

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 + RS, __SI	
Photos	
Others	
TOTAL	