

AXA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: VP 6967R

at Workshop m/s Syfax Langus

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.

N/S	O/S

Bal. or Market Value: ok

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 141 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: VP 6967R Yr Regn: 7 17

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

Truck / Trailer or (M)

Make: ISUZU NMR85 c.c. 2999

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

Sp.Reading: 56145 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAA NMR85HH7100793

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55R16
R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6/6 mm

R/Bal. _____ mm R/Bal. 6/6 mm

L/Bal. 6 mm L/Bal. 6/6 mm

D.O.A. 28/12/17 D.O.I. 26/6/18

Survey held at _____

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

n/s Body

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

Date / Time	Action / Instruction
<u>26/6/18</u>	<u>P/P # 800 summ. +</u>

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:

Photos

Others

TOTAL

Report Format : _____

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

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)