(08/11/13) wef

ASS. REC. BY:

REF: AXA

ASSIGNMENT

From: Date: 19/7/18

Estimated Cost:

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

To Inspect Vehicle No: GBB 5977P

at Workshop m/s United SG Automobile

of 53 Ubi Ave 1 # 01-56

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 Rport: 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 'up

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: GBB5977P Yr Regn: 2009, August.

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

Make: Toyota Dyna. c.c 2982

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 322600 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JTFAT35Y40K200810.

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

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

Tyre Size: F: 195/75R15 B/S.

R: 155R12 Journey,

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

Front		Rear	
R/Bal. ok	mm	R/Bal. ok	mm
L/Bal. ok	mm	L/Bal. ok	mm
D.O.A.		D.O.I. 19/07/18.	

Survey held at United SG.

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

Front N/S.

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

Date / Time	Action / Instruction
	TPAXA - COE Expiry: 11/08/19.
	MV: 18K
	PV: 1.8K.
	Nett: 16.2K

2793B

Business

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 ($)

Report Format :

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

Survey Fee:	
Transportation:	
__S + RS, __SI	
Photos	
Others	
TOTAL	