

Form

REF: ASM (AXA)

13314/11 @

12358
LOG X114: 2024/163

ASSIGNMENT

From:

Date: 20/2/19

Estimated Cost:

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

To Inspect Vehicle No:

YM9972X

at Workshop m/s

Comfort Delgro
15 Penden Road

of

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Morning
Kent @ 68676919

(Policy Condition)

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

Bal. or Market Value:

29K

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

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No

YM9972X

Vr Regn

2009 163

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

Truck / Trailer or

Make:

MITSUBISHI FEB3BE0SRDE c.c 2577

Colour

WHITE

A/C

Insured / Std / NI / NA

Sp. Reading

213605

T/Radio

Insured / Std / NI / NA

Eng/No:

C/No:

FEB3BEA1124U

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 A/Rim or

Tyre Size:

F:

7.00R16

R:

185R14C

BS / DUN / EX / NOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

CONDOR

Front

Rear

R/Bal.

7

mm

R/Bal.

5/5

mm

L/Bal.

7

mm

L/Bal.

5/5

mm

D.O.A.

28/05/18

D.O.I.

20/02/19

Survey held at

COMFORT (PRON)

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

o/s FRT

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

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 (\$

) S + RS SI

) Photos

) Other:

)

TOTAL

Report Format :

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