

Form

REF: ASM (AXA)

59756

ASSIGNMENT

From Date: 20/02/2019

Veh No: SLW 1053C Yr Regn: 2018 310

Estimated Cost

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

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

Make: MERCEDES BENZ C180 A.V C.C. 1595

To inspect Vehicle No: SLW 1053
at Workshop m/s: cycle & Carriage Ind.
of: 1st pendon loop

Colour: BLACK A/C: Insured / Std / NI / NA
Sp. Reading: 33492 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No:

C/No: W00 2050 402R 348 485

Claims No:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Morning
Chee Hen.

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

(Policy Condition)

Tyre Size: F: 225/50R17
R:

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



B3 / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Bal. or Market Value:

Front R/Bal. 6 mm Rear R/Bal. 6 mm

IDAC Accident Rport: Consistent? : Yes or No

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

GIA / PR. Seen: Consistent? : Yes or No

D.O.A. 25/12/18 D.O.I. 20/02/19

Est. Repairs: days Res.: Yes or No

Survey held at CYCLE & CARRIAGE (PL)

Lum Sum: % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS Cup

Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Preli. Report

Days Of Repair:

1)

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: Site Insp (\$)

) \$ + RS \$

Interview (\$)

) Photos

Tech. Invs (\$)

) Others

Weekend (\$)

)

Report Format :

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

TOTAL

Empty box for calculations and totals.