Steve | REF: ASM (AXA)

ASSIGNMENT

From | Date: 18/2/19

Estimated Cost

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

To Inspect Vehicle No: SKA 1347H

at Workshop m/s: Allswell Motor

of: 25 Defu Lane 9

Insured

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

11am - 11:30am owner waiting

(Policy Condition)

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

N/S	O/S
	X

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: SKA 1347H Yr Regn: 29/10/10

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

Make: Mercedes Benz C180 c.c: 1796

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

Sp.Reading: 371707 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 204 04 92 A410 362

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: 225/45ZR17

R: "

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	14/2/19		D.O.I.	18/2/19	

Survey held at: Allswell

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ Site Insp ($) S + RS SI

☐ Interview ($) Photos

☐ Tech. Invs ($) Other

☐ Weekend ($)

TOTAL

Report Format :

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