Date: 04/02/20 Rama | REF: | 69586

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLV 5745T

at Workshop m/s CYCLE

of PANTAIN GARDEN

Insured AXA

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) Edwin

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No SLV 5745T Yr Regn 2018 / JAN

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

Make: MITSUBISHI ATTRAGE 1-2CVT c.c. 1193

Colour WHITE A/C Insured / Std / Nil / NA

Sp Reading 00 8485 T/Radio Insured / Std / Nil / NA

Eng/No:

C/No: MMBSTA13AJH000637

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Jammed / Leaked / Burnt or

Brake: Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R15

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	24/02/19	D.O.I.	18/03/19

Survey held at CBC (PG)

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? : Preli. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: Site Insp ($) Interview ($) Tech. Invs ($) Weekend ($)

Notes

Other

Total

Report Format :

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