

ASS. REC. BY:

REF: AXAKenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

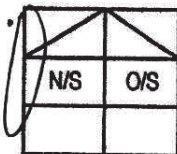
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

07 days

Res.: Yes or No

Lum Sum: _____

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 99204Yr Regn: 061 14

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

Truck / Trailer or

Make: RenaultLatitude c.c. 1995Colour m. white / Red

A/C: Insured / Std / NI / NA

Sp. Reading 268.019

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABC 15AUC277504Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: Royle 215/60R16R: 151K

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 5 mmL/Bal. 4 mmL/Bal. 5 mmD.O.A. 6/2/16D.O.I. 11/2/16

Survey held at _____

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

nil body

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

Date / Time

Action / Instruction

12/2File pass to Catherine

Date/Time, File Pass to?



: Prell. 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 (\$ _____)

Photos

Others

Report Format : _____

Lump Sum / D.L. / C