

REF. NO.

REF.

Admission

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / W / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop/s: _____

of: _____

Insured: _____

Policy No: _____

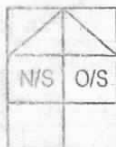
Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____



Inspection commenced its
at _____ of inspection.

Inspection by: _____

Consistent? : Yes or No

Inspection by: _____

Consistent? : Yes or No

Est. Repair: _____

days

Res: Yes or No

Lifted parts: _____

%

3 Val: Yes or No

CA / REP / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Action / Instruction

TP ~~CL~~ AXA.Veh No: CB7497H Yr Regn: 2005 Jan

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

Truck / Trailer or Mini BusMake: Nissan Urvan C.C. 2953Colour: Silver A/C: Insured / Std / Nil / NASp. Reading: 323375 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JN1T94E2520701925Gen. 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 orTyre Size: F: 195R15CR: 195R15CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 03/06/19Survey held at AAHT. Chew MalarDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

MV: 30k (Depreciation 5k)

PV: 1k.

Nett: 29k.

Date/Time, File/Iss to?

Date/Time, File/Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Prel. Report:

Final Report: