

ASS. REC. BY: bnlREF Asm (AXA)

(8886)

ASSIGNMENT

From: _____

Date: 7.6.2019

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MYTo Inspect Vehicle No: SJD 8919Hat Workshop m/s Motor Edgmontageof 160 sn mng # 03-01/02

Insured: _____

Policy No. _____

Claims No. _____

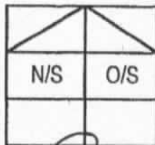
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: 11.00 a.m. amvr waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.Bal. or Market Value: \$ 69k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS mng

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJD 8919HYr Regn: 27 May 2008Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi TP 2.0 c.c. 1984Colour: BlackA/C: Insured / Std / NI / NASp. Reading: 61501T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TRUZZZ 8J08 100 8383Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/35R19R: 11BS / DUN / EXNOVA / GY FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 07-06-19Survey held at w/sDes. of Damages: Front / 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

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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