

ASS. REC. BY:

REF:

ASM(AXA)

ASSIGNMENT

From:

Date:

12/6/19

Estimated Cost:

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

To Inspect Vehicle No:

SJE 7691P

at Workshop m/s

Comfort Delgro

of

205 Briddell Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

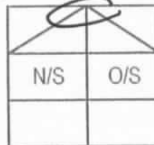
Make of Veh:

10am

patrick 63837466

(Policy Condition)

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



Bal. or Market Value:

\$36k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

5123

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJE 7691P

Yr Regn:

05 / 08

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

Truck / Trailer or

Make:

Honda Crossroad

Wagon

1799

Colour

A. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

183155

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RT1

1007731

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:

215/65R16

R:

SS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/5/19

D.O.I.

14/6/19

Survey held at

Des. of Damages: ☒ Pnt / 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:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$

S + RS, St



Interview (\$

Photos



Tech. Invs (\$

Others



Weekend (\$

TOTAL

Report Format :

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