

ASS. REC. BY:

Rasul

REF:

ASM (AXA)

4500

ASSIGNMENT

From:

Date:

4.11.2019

Estimated Cost:

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

To Inspect Vehicle No:

SDF 8114

at Workshop m/s

Performance

of

303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

100m owner warranty

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

123K

IDAC Accident Rpt:

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

Mup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SDF 8114

Yr Regn:

2018 / MAY

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

Truck / Trailer or

Make:

B.N.W X15 DRIVE 18I

C.C

1499

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

26254

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDA JA 12090EG 21078

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size:

F:

225/50R18

R:

1"

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

11/10/19

D.O.I.

04/11/19

Survey held at

PERFORMANCE

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

0/3 FRG

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format:

Lump Sum / L.B.I. / C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL