

GAL. | AXA.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s NGS Motorsport

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.

N/S	O/S

Bal. or Market Value: _____

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJU 793 / M Yr Regn: 28 Dec 2009 (-2019)Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios C.C. 1497Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 261475 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO53HY9305134467Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 185/60 R15R: 1

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

TOYO / YOKO or Hifly

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. _____ D.O.I. 05-12-19Survey held at w/s 5:30 pm

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

O/S Rear.

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

Date / Time

Action / Instruction

05/12 COB : 6472

05/12 Finalized \$1150 with Boss

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L&C: _____