

(08/11/13) wef
ASS. REC. BY: Marcus

REF:

AXA

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKH11955
at Workshop m/s
of
Insured: GBC3364R
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.

Bal. or Market Value: 41k.
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

1523
Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction
LTA 28966 net 12034
3918. 20/1/2005
agree 12k.

Veh No: SKH11955 Yr Regn: 6/11/12
Type: M.Oar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA /
Make: Toyota Corolla Altis c.c 1598
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: Botting 271. T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MROS3REE104145094
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front 6 Rear 6
R/Bal. mm R/Bal. mm
L/Bal. mm L/Bal. 6 mm
D.O.A. 6/12/19 D.O.I. 10/12/19
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Ref. & Ref w/ screen cracks.
The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

) ___ S + RS ___ SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format :

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

TOTAL