(08/11/13)

ASS. REC. BY: Kenneth

REF: AXA /

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Trans Cab

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 Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 04 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: **IN / OUT**

Veh No: SHD 940PE Yr Regn: 02, 12

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or

Make: Chevrolet Epica c.c 1991

Colour White / Red A/C: **Insured / Std / NI / NA**

Sp.Reading 341337 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KL1CA69R5BB064733

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: 195/65R15

R:

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	3 mm
L/Bal.	4 mm	L/Bal.	3 mm
D.O.A.	28/7/14	D.O.I.	30/7/14

Survey held at

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

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 ($)

Report Format :

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

Survey Fee:

Transportation: S + RS. SI

Photos

Others

TOTAL