

ASS. REC. BY:

Zasul

ASSIGNMENT

781K
COG XP124: 2022 / FEB

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YN 28714at Workshop m/s UPIXof 26, CHIA PINH RDInsured: AXA (ASM)

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: 32K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN 28714Yr Regn: 2012 FEB

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

Truck / Trailer or

Make: MITSUBISHI FE83BE05R06A 2977Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 306472 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE 83BEA20646Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 7-00-16LTR: 185R14C

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

TOYO / YOKO or

Front

R/Bal. 6 mmR. Bal. 5/5 mmL/Bal. 6 mmL. Bal. 5/5 mmD.O.A. 10/03/2020D.O.I. 19/05/2020Survey held at UPIX

Des. of Damages: Frt / 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

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Rep. Form:

Lump Sum / 10000