

6ul.
PRS

CS3/AXA20014177/Gvf3

ASSIGNMENT

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

Inspect Vehicle No:
Workshop m/s Garage B

Insured:
Policy No.
Claims No.
Insured:
(Client's Record)
Make of Veh:

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Actual or Market Value: \$14K
JAC Accident Report: Consistent? : Yes or No
JIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 2 days Res: Yes or No
Sum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS
Date: Person Contacted

N/S	O/S

Veh No: 56K5088Z Regn: 25 sep 2006
Type: M/Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Hammer 24 cc 2362
Colour: Black
Sp Reading: 197997
Eng/No:
C/No: ACU3000 55590
Gen Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 275 / 65 R17
R: 275 / 65 R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: R/Bal: 6 mm
L/Bal: 6 mm
D.O.A: 21/12/20
Survey held at: w/s 4:30pm
Des. of Damages: (Ft) Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
No Body injured.
CoB: 3777
RA Bumper ✓ cut
11 n clips - nbc.

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
Date/Time, File Return to?

22/12/20-Typist

SMART CLAIM

Days Of Repair: 2
Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : ...

Survey Fee:	
Transportation:	
...	
...	
...	