

6nd
PRS

AXA

ASSIGNMENT

15 Mar 2017

Estimated Cost

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

Inspect Vehicle No.

Workshop n/s

Jementah

Insured

Policy No.

Claims No.

Insured

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Actual or Market Value:

\$88K

JAC: Accident Report

Consistent? : Yes or No

WIA / PR Seen.

Consistent? : Yes or No

Est. Repairs

3

days

Res: Yes or No

Sum Sum.

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

Veh No

SLT 8921 S

Type ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Nissan X-Trail 2.0

1997

Colour

Green

A/C Insured / Std / NI / NA

Sp Reading

T/Radio: Insured / Std / NI / NA

Eng/No.

C/No:

INITIANT 3280010254

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:

225/55R19

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A

D.O.I.

20-01-21

Survey held at

n/s

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

24 n/s

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

Date / Time

Action / Instruction

\$2000 - \$3000

Date/Time: File Passed

☐

Preli. Report

1)

☐

Final Report

Date/Time: File Return

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

File: \$

Survey Fee:

Transportation

File: \$

File: \$

File: \$