

ASSIGNED BY:

602  
PRS

AXA

ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Wing Yap Motor

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: \$ ~~10000~~ 9000

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 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 FBM6463R <sup>12</sup> 12 Jan 2018

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prins/Mover /

Truck / Trailer or

Make: Yamaha NMAX <sup>135</sup> 135

Colour: red A/C: Insured / Std / Nil / NA

Sp Reading: \_\_\_\_\_ Tyres: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_ C/No: MH 3593110 Gk 07 3344

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: 110/70-13

R: 130/70-13

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

TOYO / YOKO or IRC

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. \_\_\_\_\_ D.O.I. 08-02-21

Survey held at w/s 4pm

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Cost 24149</u>
	<u>\$1500 - \$2500</u>
	<b>SUBMIT PRS REPORT</b>

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

Days Of Repair: 3  
Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_

Add Fee:  : Site Insp (\$)  : Interview (\$)  : Tech. Insp. (\$)  : Road Trip (\$)

Survey Fee:
Transportation:
_____
_____
_____
_____
_____
_____

Request Voucher \_\_\_\_\_  
Emp. Form / B.E. Form \_\_\_\_\_