

ASS. FEE: BY

602.
PRS

vrl

AXA

ASSIGNMENT

From

Date:

Veh No

FBM 14307

a Page

28 Jul 2017

Estimated Cost:

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

E.Ve.

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

SYM Jayride 2011 171

at Workshop m/s

SS Motoring

Colour

white

A/C

Insured / Std / Nil / NA

of

Sp Reading

53363

I/Radio: Insured / Std / Nil / NA

Insured:

Eng/No.

Policy No.

C/No:

REFULF 18W Y QS 701990

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

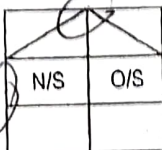
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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



Bal. or Market Value:

\$7000

IDAC Accident Report:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Survey held at

w/s

08-02-21

5:10 pm

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

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

Date / Time Action / Instruction

COE: 3779

\$2000 - \$3000

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 9/2/21-Typist

Report Printed PRS

Printed Date/Time

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp. (\$)
☐ : Other (\$)
☐ : Total (\$)
☐ : Other (\$)
☐ : Total (\$)

Survey Fee:

Transportation

Fuel

Hotel

Other

Total