ASSIGNED BY: GQ. 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 SS Motoring

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: $7000

IDAC Accident Rport: 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:

Veh No: FBM 1430T Reg: 28 Jul 2017

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

Truck / Trailer or

Make: SYM Joyride 200i 171

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

Sp Reading: 53363 Radio: Insured / Std / Nil / NA

Eng/No.

C/No: RFGLF18WYQS701990

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/90-13 (Continental)

R: 130/70-12 (MIC)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	4	mm	R/Bal	4	mm
L/Bal.		mm	L/Bal		mm

D.O.A. 12/1/21 D.O.I. 08-02-21

Survey held at W/S 5:10pm

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
	COE: 3779
	$2000 - $3000

Date/Time, File Pass to? [ ] : Prel. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 9/2/21-Typist

Report Printed: PRS

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: [ ] Site Insp ($

[ ] Interview ($

[ ] Tech. Inv. ($

Survey Fee:

Transportation

Photo

Other