ASSIGNED BY: GQ. PRS | W.E.F.

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 Date: 28 Jul 2017

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

Make: SYM Joyride 200i 171

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

Sp Reading: 53363 T/Radio: Insured / Std / NI / 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.			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)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] Site Insp ($

[ ] Interview ($

[ ] Tech. Inv. ($

[ ] Travel Fee

Survey Fee:

Transportation

Photo

Other

Report Printed

Email Sent/Faxed