

APPROVED BY

GE
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

Palladium Auto

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:

\$162k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4 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:

SMD1603D or Regn 03 Aug 2018

Type: ☒ M Car ☐ M Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover ☐

Truck / Trailer or

Make:

Toyota Alphard 2.5 c.c 2493

Colour

Black

A/C: Insured / Std / NI / NA

Sp Reading

34130

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AGH 300 190070

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:

235/50R18

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / LOHTSU / 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.

09-02-21

Survey held at

W/S

3pm

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

\$2000 - \$3000

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp. (\$

☐

: Mech. Insp. (\$

Survey Fee:

Transportation:

1. \$ + R.S. \$

2. Photos

3. Other

P. 1