

ASS. REC. BY:

Bul.
PRS

AXA
ASSIGNMENT

(-2030)

29 Mar 2010

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s TeamWork

of _____

Insured: _____

Policy No. _____

Claims No. S1M032MK

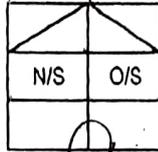
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$85k

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: SKB795Z yr Regn: 29 Mar 2010

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

Truck / Trailer or

Make: BMW 84 25 c.c 2497

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

Sp. Reading: 165777 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBALM 32040E356273

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: 255 / 35 R19

R: 11

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 23-02-21

Survey held at W/S

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 - \$2,000

Got body injured

12/03/21@11.09am revised to Richard Ang via Smart Claims.

Submit PRS.

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 3

1) 12/03 Typist

Resurvey No. of Trip: _____

Date/Time, File Return to?

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Insp (\$)

Misc (\$)

Survey Fee:

Transportation:

3 + PS \$

Fuel:

Other:

Total:

SMART CLAIMS - PRS