

ASS. Pct. BY:

ad
PRS

ASSIGNMENT

AXA

(-2021)

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Garage 13
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMV7820J yr Regn: 29 Aug 2011
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or 1.4
 Make: Volkswagen Scirocco c.c. 1390
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 128571 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WVV 2281386 V.000965
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nil / SR / STD A/Rim or
 Tyre Size: F: 225/40ZR18
 R: 11

N/S	O/S

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

Bal. or Market Value: \$22k
 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 L/Bal. 6 mm D.O.A. 06-02-21 D.O.I. 02-03-21
 Survey held at W/S 10:30
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FR IA O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Col: 15570</u>
	<u>\$2000 - \$3000</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: _____

Date/Time, File Return to?
3/3/21-Typist
 Report Ref: PRS
 Equip. Serial / Make: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)
 : Misc. (\$)

Survey Fee: _____
 Transportation: _____
 \$ + RS. \$
 Photos _____
 Other: _____
 Total: _____