

ASS. REC. BY: BCL CS3/ AXA 21002565/Gvf3

ASSIGNMENT

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

Veh No: SMT2809L Yr Regn: 05 Apr 20
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Honda Civic 1.6 c.c 1597
Colour: Red A/C: Insured / Std / NI / NA
Sp. Reading: 25057 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MRHFC5650LT000019
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: 245/55R16
R: 11

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: \$90k
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 Hankook
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 21/2/21 D.O.I. 24-02-21
Survey held at W/S 12:20pm
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
OK TA
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Call: 44808</u>
	<u>\$1000 - \$2000</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
1) _____
Date/Time, File Return to?
2) 25/2/21-Typist
Report Entered PRS
Emp. No. / UIC No. _____

Days Of Repair: 3
Resurvey No. of Trip: _____
Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Insp (\$) _____
 : Misc. Insp (\$) _____
Survey Fee: _____
Transportation: _____
3 + RS. \$ _____
Photos _____
Other _____
Total _____