

Ass. Fee By: 602

AXA

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

ED 66E

Policy No.

Claims No. S1M0330N

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:

\$ ~~10k~~ 13k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBR4608C

Yr Regn: 14 Jul 2020

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

Truck / Trailer or

Make:

Yamaha T150

c.c 150

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp Reading

13473

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

M13UG13/000001373

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:

90/80-17

R:

120/70-17

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

TOYO / YOKO or

IRC

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A. 12/2/21

D.O.I.

26-02-21

Survey held at

w/s

4:30pm

Des. of Damages: Frt / Rear / O/S / W/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Col: 7224

Estimate give later.

10/6/21

Guo Qiang confirmed LS \$2700 (Red 8213.40, 75%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 10/6/21-Typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Other (\$

Survey Fee:

Transportation:

3 + RS. \$

Photos

Other:

Total:

Report Format: Smart Claim

Report No / Ref: LS 2700