

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 Erzat lee Motor
of Mitra Auto

Insured:

Policy No.

Claims No.

Sum Insured:

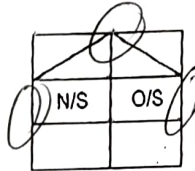
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$ ~~10k~~ 13k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

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:

M/13UG13/000001373

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.

D.O.I.

26-02-2021

Survey held at

w/s

4:30pm

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

Col: 7224

Estimate give later.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Other (\$

Survey Fee:

Transportation:

3 + RS. \$

Photos

Other:

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