Ass. REG. BY: GQ

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.

N/S O/S

Bal. or Market Value: $ ~~10k~~ 13k

IDAC Accident Rport: 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 Carey A/C: Insured / Std / NI / NA

Sp.Reading 13473 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH3UG13/000001373

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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.		mm	L/Bal.		mm

D.O.A. D.O.I. 26-02-~~20~~21

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
	CoG: 7224
	Estimate give later.

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

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ ☐ : Interview ($ ☐ : Tech. Insp ($ ☐ : Wasted trip ($

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Other:

Total:

Report Format

Lump Sum / Claims