

hcl  
PRS

AXA

(203c)  
07 Dec 1990

ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No.

Workshop n/s Allen Enterprise

Insured

Policy No.

Claims No.

Insured. Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value: \$12k

JAC Accident Report Consistent? : Yes or No

Police / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res: Yes or No

Unsum. 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted Vehicle: IN / OUT

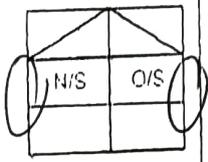


Plate: JJ823T

Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Yamaha RXZ CC: 133

Colour: Red A/C: Insured / Std / Nil / NA

Sp Reading: 48233 T/Radio: Insured / Std / Nil / NA

Eng/No

C/No: 2UX004704

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 (IRC)  
R: 1 (MIC)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front	Rear
R/Bal: <u>4</u> mm	R/Bal: <u>4</u> mm
L/Bal: <u>4</u> mm	L/Bal: <u>4</u> mm

D.O.I. 01-07-21

Survey held at W/S 1 pm

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>\$2000 - \$3000</u>
	<u>submit PRS Report</u>

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

1)  : Final Report

Date/Time. File Return to?

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation

And Fee:  Site Insp: (\$)

Interview: (\$)

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