

PR S

AXA CS3/ASM21001329/Gvf3

ASSIGNMENT

SCX 888T

07 Dec 2006

Estimated Cost
Type: TP / WS / TP RES / OD RES / EVA / INV / MV
Inspect Vehicle No.
Workshop m/s: Teamwork Garage
Insured:
Policy No.
Claims No.
Insured:
(Client's Record)
Make of Veh:

Type: M/Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mit Evo-9 2.0 cc 1997
Colour: Blue
Sp Reading: 87718
Eng/No:
C/No: CT9A0405965
Gen Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 245/40 R18
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Actual or Market Value: \$120K
JAC Accident Report Consistent? : Yes or No
JIA / PR Seen. Consistent? : Yes or No
Est Repairs: 4 days Res: Yes or No
Sum Sum. % 3 Val Yes or No
CA / REV / REP. / 24 HRS
Date Person Contacted Vehicle IN / OUT

N/S	O/S

Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A 15/1/21 D.O.I. 02-02-21
Survey held at W/S
Des. of Damages: Front Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	COE: 32251
	\$4000 - \$5000

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

Days Of Repair: 4
Resurvey No. of Trip:

Survey Fee:
Transportation
Other

3/2/21-Typist

Add Fee: ☐ Site Insp. (\$)
☐ Interview (\$)
☐ Test (\$)
☐ Other (\$)

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