ASS. Rec. By: GQ | REF: AXA

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Teamwork Garage

of

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:

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 4 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SMY5815Y(SCX888T) Yr Regn: 07 Dec/2006

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

Make: MITSUBISHI EVO-9 GSR 2.0 M c.c 1997

Colour Yellow A/C: **Insured / Std / NI / NA**

Sp.Reading 92725 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: CT9A0405965

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: 245/40R18

R: 245/40R18

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	19-07-2021

Survey held at IDAC UBI 2PM

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	