Assigned By: CR

AXA CS/ASM21008456/Guc

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMA 7211C

at Workshop m/s: OO HRAY Rental

of:

Insured: SHD 9786R

Policy No:

Claims No.: S1M03FEU

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
	C

Bal. or Market Value: $75K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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: SMA7211C Yr Regn: 18 Jun 2018

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

Make: Toyota CHR cc 1797

Colour: Grey A/C: Insured / Std / NI / NA

Sp.Reading: 31664 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZYX10211228

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: 215/60R17

R: "

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.	25-08-21

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
26/8/2021	Revise to Stacey via Smart Claim.
	Confirmed P/P $1450.15, 2 repair days
	(RED $3935.46; 73%)

Date/Time, File Pass to? 1) 2/12 TYPIST

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Report Format: TP

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Insp ($)

Survey Fee:

Transportation: __$ + RS.__SI

Photos

Other:

$1450.15