

ASS. PER. BY

ed  
PHS

ASSIGNMENT

AXA

✓

From

Date:

Veh No

6BJ4009Z

17 April 2019

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Nissan

NV200 16 cc 1597

at Workshop m/s

Garage 13

Colour:

Black

A/C: Insured / Std / NI / NA

of

Sp Resanding

22092

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No

Policy No.

C/Nr:

VM 20133773

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brakes: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

165/80R14

R:

11

(Policy Condition)

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO YOKO or

Bal. or Market Value:

\$49K

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

6 mm

R/Bal.

6 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6 mm

L/Bal.

6 mm

Est. Repairs:

8 days

Res.: Yes or No

D.O.A.

D.O.I.

13-01-21

Lum Sum:

%

3 Val.: Yes or No

Survey held at

w/s

5:20 pm

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

COE: 19827

\$7000 - \$8000

Date/Time, File Pass to?

 : Prel. Report  
 : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

1)

Date/Time, File Return to?

Add Fee:

 : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech. Inv. (\$ )  
 : Misc. Exp. (\$ )

Transportation:

3 + PS. \$

Photos

Other:

TOTAL

Report Format:

Form Code / P/1/1/1