Checked by: Ed
PRS

AXA

(~2023)

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: &

at Workshop m/s Equator Brotherhood

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: $5000

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: FX 898D Yr Regn: 22 Aug 2003

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

Make: Honda Phantom c.c 197

A/C: Insured / Std / NI / NA

Colour Black

T/Radio: Insured / Std / NI / NA

Sp.Reading 93429

Eng/No:

C/No: TA200018113

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: 100/80-17 (Deli)

R: 130/90-15 (Vee Rubber)

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	13/2/21	D.O.I.	26-02-21 5pm

Survey held at w/s

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
	Cof: 420
	$2000 - $3000

Date/Time, File Pass to? [ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to?

2/3/21-Typist

PRS

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($

[ ] : Interview ($

[ ] : Tech. Insp ($

[ ] : Wheel Align ($

Survey Fee:

Transportation:

S + PS S

Photos

Others

Total