

ASS. REC. BY:

62d
PRS

AXA

ASSIGNMENT

(-2023)

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

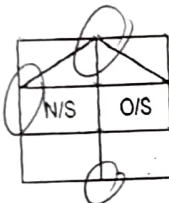
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$ 5000

IDAC Accident Rpt:

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:

EX 8980

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

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

93428

T/Radio: Insured / Std / NI / NA

Eng/No:

JA2000018113

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 100/80-17 (Del.)
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.

4 mm

L/Bal.

4 mm

D.O.A. 13/2/21

D.O.I.

26-02-21

Survey held at

w/s

5pm

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

COB: 420

\$2000 - \$3000

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

2/3/21-Typist

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

3 + PS \$1

Fuel

Other

Add Fee:

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Other (\$)

Report made by PRS

Printed Name / Title

Survey Fee: []
Transportation: []
Fuel: []
Other: []
Total: []