

ASSIGNMENT

From: 6d PRS Date: AXA
 Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: 1
 at Workshop m/s Equator Brotherhood
 of

Insured: SHC 3998R

Policy No. 22.29595CFT

Claims No. S1M0359J

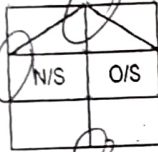
Sum Insured: _____ Excess: _____

(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: _____

GIA / PR Seen: _____

Est. Repairs: 3 days

Lum Sum: _____

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: EX 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

Colour: Black

Sp. Reading: 93428

Eng/No: _____

C/No: JA2000018113

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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. 4 mm

L/Bal. 4 mm

D.O.A. 13/2/21

D.O.I. 26-02-21

Survey held at w/s

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Co2: 420

\$2000 - \$3000

21/4/22 Submit LS \$1500 (Red 4800, 76%)

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

21/4/22-typist

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Final Insp (\$

Survey Fee:

Transportation:

3 + PS \$1

Fuel

Other

Total