Assigned to: Gd PRS

AXA

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s JD Motorsports

of

Insured:

Policy No:

Claims No: S1M031XF

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: $168K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est Repairs: 7 ~~6~~ 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: SDQ6666C 1st Regn: 28 Jun 2019

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

Make: Toyota Vellfire cc 2494

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

Sp Reading: 30734 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTNGF30H 408023897

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: 235/50R18

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.	03-02-21

Survey held at W/S 2pm

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
	CoGs: 80803
	$7000 - $8000

02/06/21@4.39pm revised to Arnold Chong via Smart Claims.

20/04/23 Submit LS $6500, 7 days. (Red $2800, 30%)

Date/Time, File Pass to? 1) 20/04 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Insp. ($

☐ : Visual Insp.

Survey Fee:

Transportation

1) ___ x Rs ___ $

2) Hotels

3) Others

Total

Payment Method: TP

Total Sum Claimed: 6500