(08/11/13) wef

ASS. REC. BY:

REF: ASM(AXA)

ASSIGNMENT

From: Date: 30/7/18

Estimated Cost:

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

To Inspect Vehicle No: SLC 7007C

at Workshop m/s MBM Wheelpower

of 176 Sin Ming Drive # 06-02

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) After 10·30am

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: $110k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLC 7007C Yr Regn: 07 16

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

Make: Toy Harrier (A) c.c 1988

Colour M. P. White A/C: Insured / Std / NI / NA

Sp.Reading 44074 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZSU60 · 0075999

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:

R: 255 / 50R19

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	26/5/18	D.O.I.	30/7/18

Survey held at ✓

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

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

Date / Time	Action / Instruction
31/7	File pass to Catherine

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	