

ASS. REC. BY:

Steve

REF:

ASM(AXA)

ASSIGNMENT

From: _____ Date: 23/05/2019

Veh No: SLX 6533X Yr Regn: 3/4/18

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: SLX 6533X

Make: Honda Shuttle c.c 1496

at Workshop m/s MBM Wheelpower

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

of 160 Sin Ming Drive # 06-02

Sp. Reading: 13257 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: GK 81200929

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: Cassandra @ 8686 5188

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

Morning

Tyre Size: F: 185/60R15

(Policy Condition)

R: 1

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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO YOKO or

Bal. or Market Value: _____

Front

Rear

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 6 mm R/Bal. 6 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 6 mm L/Bal. 6 mm

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

D.O.A. 17/5/19 D.O.I. 23/5/19

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

Survey held at MBM

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	MV-85K

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

- Days Of Repair: _____
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 Photos _____
 Others _____
 TOTAL _____

Report Format: _____
 Lump. Sum / I.B.I: (\$ _____)