

REP: Kenneth

REP: ASM(CAXA)

ASSIGNMENT

From: Date: 15/7/19

Estimated Cost:

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

To Inspect Vehicle No: SME 8613Z

at Workshop m/s MBM Wheelpower

of 160 Sin Ming Drive #06-02

Insured:

Policy No.

Claims No.

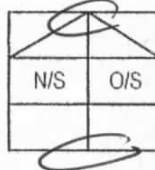
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: 896k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: 1. B. / % 3 Val.: Yes or No

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SME 8613Z Yr Regn: 10, 18

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

Truck / Trailer or

Make: Honda A) Wegas c.c. 1496

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp. Reading: 10162 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GBT 1076020

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: 185/65R15

R:

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 91719

Survey held at

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

___ S + RS. ___ SI

Photos

Others

P23L

Report Form 1

Lump Sum / L.B. / C