ASS. REC. BY: Jasmine | REF: ASM(AXA) 14595/2019 | 741H

ASSIGNMENT

From: _____ Date: 26/8/2019

Estimated Cost: _____

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

To Inspect Vehicle No: SMG 8510B

at Workshop m/s Kah Motor

of No-255 Alexandra Road

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Mowing Ng Sin Hai

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 89K

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

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

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

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

CA / REV / REP. / 24 HRS lup

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SMG 8510B Yr Regn: 2019 / Jan

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

Make: HONDA CIVIC 1.6 VTI c.c 1597

Colour GREY A/C: **Insured / Std / NI / NA**

Sp.Reading 010279 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: MRHFC5650 JT001973

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: 215/55R16

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	18/08/19	D.O.I.	26/08/19

*Survey held at KAH MOTOR

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

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

Date / Time	Action / Instruction

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	