ASS. REC. BY:

REF: Asm (AxA)

ASSIGNMENT

From: Date: 15. 10. 2019

Estimated Cost:

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

To Inspect Vehicle No: SMG 4583S

at Workshop m/s- Exclusive enterprise

of 8 Kaki Bukit Ave 4 #03-50 Premier

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10.30a.m

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: Sold.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS "mp" LTA 410 ff

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMG 4583S Yr Regn: 12/8

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

Make: Honda Vezel/Hybrid C.C 1496

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

Sp.Reading 27602 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU3130274 2

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: 215/60R16

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	5/10/19	D.O.I.	15/10/19

Survey held at

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

Rear O/S

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

Date / Time	Action / Instruction
15/10/19	Confirmed L/S @ 2.600 with AH Xray

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