

Taylor

REF: ASM(AXA)

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: 11.10.2019
Estimated Cost: _____
OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SMK 71931
at Workshop m/s: Maximus Racing Team Support
of 7 Son Le Street #05-05
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____

(Client's Record)
Make of Veh: Contact number: 1an 86843113
Afternoon

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$92K.
IDAC Accident Rpt: _____ 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 "up"

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMK 71535 Yr Regn: 2014, Apr 1.
Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Honda Vezel c.c. 1496
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 4031 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KU11314840
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 Dun
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 11/10/190215
Survey held at Maximus Racing
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) _____
Rep. Format: _____
Lump Sum / L.P.C. (\$) _____

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

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

Survey Fee: _____
Transportation: _____
S + RS. SI _____
Photos _____
Others _____
TOTAL _____