(08/17)

ASS. REC. BY: Elton

REF: CS/LPC2409028 / JVh3

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. 23/24/24/VC06/029746

Sum Insured: _____ Excess: NIL

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: $48,000

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

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

Veh No: XD2192 Yr Regn: 12/1/2008

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

Make: Isuzu CYZ52L c.c 15681

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

Sp.Reading N.A T/Radio: Insured / Std / NI / NA

Eng/No: 6WA1407245

C/No: JALCYZ52L8700005

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: N.A (Burnt)

R: 295/80/R22.5

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | N.A mm | R/Bal. | 5 mm |
| L/Bal. | N.A mm | L/Bal. | 6 mm |
| D.O.A. | 21/8/24 | D.O.I. | 31/9/2024 |

Survey held at HMP Lim huat engineering Work

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or The cause of fire due to electrical short circuit

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

| Date / Time | Action / Instruction |
|---|---|
| 6/9/24 | Submit extensive total loss-mv:$48,000 (est) lta: $20,712 nv:$27,288 |
| | Uneconomical to Repair Recommend to total loss |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____ )

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ )

☐ : Tech. Invs ($ _____ )

☐ : Weekend ($ _____ )

investigation- $550

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| __S + RS__ SI | |
| Photos | |
| Others SCDF | 170 |
| | |
| TOTAL | |