(08/)

ASS. REC. BY: NAZ

REF: CS/ICS24090380/Nqp3 ECICS

L/S

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SML 1665H

at Workshop m/s VERVE MOTORWORKZ

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: $500

(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: 72K(est) ~~87K~~

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: SML 1665H Yr Regn: 31 OCT 2013

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

Make: BMW 316I 1.6 c.c 1,598

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

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

Eng/No: _____

C/No: WBA3A1205J7197852

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 275/80R19

R: 11

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

Front		Rear	
R/Bal.	BURNT mm	R/Bal.	5 mm
L/Bal.	BURNT mm	L/Bal.	5 mm
D.O.A.	18/9/2024	D.O.I.	23/9/2024

Survey held at VERVE MOTORWORKZ

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S FRT, N/S FRT, engine compartment

The U/C / Chassis frame / Body Structure affected due to collision. electrical short circuit ECICS L/S

Date / Time	Action / Instruction
	COE REBATE $33,024.00
	vehicle badly burnt. Uneconomical to repair. Recommend total loss.
02/10/24	Submit Extensive Total Loss report.

Date/Time, File Pass to? 1) 02/10 Typist

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 ($ _____)

Survey Fee:	
Transportation:	
___$ ÷ RS___SI	
Photos	
Others	
TOTAL	

Report Format : MER-OD-TL/E

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