ASS. REC. BY: NAZ

REF: CS/TMI24110256/Nvp3 TMI

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SDQ 688D

at Workshop m/s K KIM HIN AUTO PTE LTD

of 170 Sin Ming Drive #02-20 S(575722

Insured: _____

Policy No. MZD04115

Claims No. M2406542

Sum Insured: _____ Excess: 800

(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: 47K

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: SDQ 688D Yr Regn: 5 OCT. 2017

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

Make: MINI ONE 5DR LED c.c 1198

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

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

Eng/No: _____

C/No: WMWXS120202G64694

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: 195/55 R16

R: 11

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	0 (RUENT) mm	L/Bal.	7 mm
D.O.A.	8/11/2024	D.O.I.	14/11/2024

Survey held at K KIM HIN AUTO PTE LTD.

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

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

Date / Time	Action / Instruction
	COE Rebate $21,134.00 The cause of fire due to electrical short circuit
	vehicle badly burnt - uneconomical to repair. Recommend total loss.
	Repair Limit = $23K
27/11/24	Submit extensive total loss-$47,000.00 (est) lta: $21,134 nv: $25,866.00

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:	
___$ + RS___SI	
Photos	
Others	
TOTAL	