

ASS. REC. BY: Taufik

REF:

CS/CT/24120413/Tg, 43

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. _____

Sum Insured: _____

Excess: 450 ~~40~~

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$12K

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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: 4BE7776Z Yr Regn: 2016/03Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Peugeot Partnerc.c. 1560Colour: silver

A/C: Insured / Std / NI / NA

Sp. Reading: 142410

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF37F9HF8F. 5884518Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 27/12/24Survey held at ARC Toh GuanDes. 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

MV \$12K, Rebate \$5825, Net Val: \$6175

The damages to the vehicle on the front & rear portion is

severe and the repair cost will be more than the nett value

Therefore recommended Total Loss, Not Economical to Repair

31/12/24 Submit Extensive Total Loss report.

Date/Time, File Pass to?

☐

Prel. Report

1) 31/12 Typist

☐

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Rep. Format: MER-OD-TL/E

Lump Sum / L.B. (\$) _____)