(08/11/13) wef

ASS. REC. BY: Marcus

REF: CT/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBB5630P

at Workshop m/s Cerdig

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: 410

(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: 16k.

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 348E

Vehicle: IN / OUT

Date: Person Contacted: ~~LTA 11855 Hyundai~~

Veh No: GBB5630P Yr Regn: 18/609

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

Make: FIAT Doblo cargo c.c 1910

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

Sp.Reading 200893 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZFA22300004687077

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: 185/65 R15

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 3/4/20 D.O.I. 7/4/20

Survey held at

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

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

Date / Time	Action / Instruction
	Total loss. cve 17-6-2024
	nett $4145
	Submit total loss report.
	extensive total loss

MV: 160001-
LTA 11855
NV: 4145.

Date/Time, File Pass to? 1) 13/4 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Report Format : OD-TL

Lump Sum / I.B.I: ($ —)

Days Of Repair: —

Resurvey No. of Trip: —

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

TOTAL