NP2 | REF:

FCI

ASSIGNMENT

From

Estimated Cost: Date:

CP / TP OWS / TP RES / CO RES / EVA / INV / MV

To inspect Vehicle No.

at Workshop m/s

at

Contact

Claim No.

Sum Insured: Excess:

(Client's Record)

Name of Veh

(Policy Condition)

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

Est. or Market Value

UAC Accident Report: Consistent? : Yes or No

Other PR Docs: Consistent? : Yes or No

Est. Repairs: 15 days Res.: Yes or No

Loss Sum: % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

N/S	O/S

Veh No: SHC 9LOT Yr Regn: 11 OCT 2013

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

Make: MERCEDES BENZ VIANO 2.2 CDI c.c. 2,143

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

Sp.Reading: BATT MELTED T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDF6398132380307

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 225 / 60 R16C

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
U/Bal.	6 mm	U/Bal.	6 mm
D.O.A.	8/6/2020	D.O.A.	12/6/2020

Survey held at: CODE

Dos. 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
	FCI L/S
	submit uneconomical total loss report
	~~Book Value : S$ 47,933.00~~
	LTA Reimbursement Value : S$ 43.986.00
	Nett Value : S$ 3,947.00

Date/Time, File Passed 1) ☐ : Proll. Report

☐ : Final Report

Date/Time, File Returned 2)

Report Format:

Lump Sum / I.B.I. ($

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) S + KS CI

☐ : Interview ($) Photos

☐ : Tech. Invs ($ 500) Other

☐ : Weekend ($)

85x15=1275
1275+170=1,445

Survey Fee:	1,445
Transportation:	50
	43
TOTAL	1,538+500