NP2 REF:

FCJ

ASSIGNMENT

From:

Estimated Cost: Date:

CD / TP / M/S / TP RES / CO RES / EVA / INV / MV

To inspect Vehicle No.

at Workshop m/s

at

Contact No.

Client No.

Sum Insured: Excess:

(Client's Record)

Veh No: SHC 9LOT Yr Regn: 14 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

Model: NI / 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

R/Bal. 6 mm

U/Bal. 6 mm

D.O.A. 8/6/2020

Rear

R/Bal. 6 mm

U/Bal. 6 mm

D.O.A. 12/6/2020

Survey held at COLE

Dos. of Damages: (Frt) / Rear / O/S / N/S / U/C / Rooftop or

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

FCF L/S

(Policy Condition)

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

N/S	O/S

Bill or Market Value:

NTAC Accident Report: Consistent? : Yes or No

Other PR Scan: Consistent? : Yes or No

Est. Repairs 15 days Res.: Yes or No

Lump Sum: % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Date / Time	Action / Instruction

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) Date/Time, File Returned? 2)

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + KS S1

☐ : Interview ($) Photos

☐ : Tech. Invs ($ 500) Other

☐ : Weekend ($)

Report Format:

Lump Sum / I.B.I. ($

TOTAL