

ASS REQ BY: ToughREF: CS/ALG 2001/318/TLS43

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____ \$ 600.00

Sum Insured: _____ Excess: 4m

(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: 442K

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 / ☒ REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: ClioVeh No: SKR 50932 Yr Regn: 2015 Feb.Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Forte C.C. 1591Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 153005 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KN AF 2411 MF 5576459Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/45R17R: 215/45R17

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

TOYO / YOKO or

Hablad

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 20/10/20Survey held at C&C Pandan GdnDes. 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

Total loss, not economical to repair.

MV - \$ 42,000.00

LTA - \$ 36,075.00

NETT - \$ 5,925.00

SUBMIT TOTAL LOSS AS NOT ECONOMICAL FOR REPAIR.

Date/Time, File Pass to?

☐ : Prel. Report

1) TYPIST

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Form: TOTAL LOSS

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