

ASS. REC. BY:

REF: AIG/CS/AIG20012841/Ksd3

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To inspect Vehicle No: _____
 at Workshop m/s: Tong Lock
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: NO COVERAGE/DRINK DRIVE
 (Client's Record)
 Make of Veh: _____

Veh No: GBH 5253M Yr Regn: 06/18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mer Vito C.C. 2143
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDF 44 7603 2.33 28432
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rlm / STD / Rlm or _____
 Tyre Size: F: 215/80R16
 R: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value: \$67k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 32-35 days Res.: Yes or No
 Lum Sum: 1.B.1 % 3 Val.: Yes or No

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Greenax
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. _____ mm L/Bal. 7 mm
 D.O.A. 30/10/20 D.O.I. 23/11/2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rt N/S & old body
 The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>Midnight case. Likely have supplementary parts.</u>
	<u>MV - \$67,000.00</u>
	<u>LTA - \$24,249.00</u>
	<u>NETT = \$42,751.00</u>
SUBMIT TOTAL LOSS AS NOT ECONOMICAL FOR REPAIR	

Date/Time, File Pass to? 12/11/2021
 : Prell. Report
 : Final Report
 1) TYPIST
 Date/Time, File Return to?

Days Of Repair: 35
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S - RS. SI	_____
Others	_____
TOTAL	_____

Report Format: **TOTAL LOSS**
 Lump Sum / I.B.I: (\$ _____)