

ASS. REC. BY:

Steve

REF:

A14 A16

CS/AIG21003919/ETF3

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

2100384074

Claims No.

0557102621SG

Sum Insured:

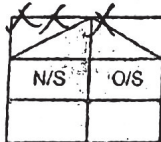
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKP 2563P

Yr Regn:

27/8/14

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

Truck / Traller or

Make:

KIA Forte

c.c

1591

Colour:

Grey

A/C:

Insured / Std / Nil / N

Sp. Reading

N/A

T/Radio:

Insured / Std / Nil / N

Eng/No:

C/No:

KNAF2411MIF5304331

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/45R17

R:

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

24/3/21

D.O.I.

25/3/21

Survey held at

Cycle & Collage

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

F-1 RH

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

Date / Time

Action / Instruction

MV- 45K

* Total loss - Beyond economical repair

PV- ~~45K~~ 30,238

NV- 14,762

RECOMMEND UNECONOMICAL TOTAL LOSS REPORT

Pre-Accident Value : S\$ 36,000.00

COE / PARF Rebate : S\$ 30,238.00

Margin for Repair : S\$ 5,762.00

Date/Time, File Pass to?



: Prel. Report

Days Of Repair:

1)



: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

Rep. Form:

TL

Lump Sum / L.E. / C.