

ASS. REC. BY: Tan Jiah

REF:

CS/CT12100704 Titc.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

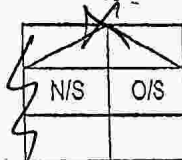
Claims No. _____

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 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 / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 442CK Yr Regn: 2-1

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

Truck / Trailer or E-ScooterMake: Fido Q1 C.C. 1Colour Black A/C: Insured / Std / NI / NASp. Reading — T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 577911907-021415Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or Bent

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 12 1/2 x 2 1/4R: 12 1/2 x 2 1/4

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

TOYO / YOKO or CST

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 29/6/21Survey held at 194B Bukit Batok West Ave.Des. of Damages: F/R / Rear / O/S / NI / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Recommended total loss, front fork bent, cannot steer the scooter
	Purchased price \$899
	Depreciation 10% - \$809.10
	Purchased Receipt & LTA Register uploaded in Views.
	SUBMIT EXTENSIVE TOTAL LOSS
	DEPRECIATION VALUE \$809.10

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.T.A. ()

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