

ASS. REC. BY:

Tanjil

REF:

CS/FCI21008449/T1uf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **FBJ 9735C**

at Workshop m/s _____

of _____

Insured: **SHC 7572J**

Policy No. _____

Claims No. **D20003436MFSH**

Sum Insured: _____ Excess: _____

(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: **\$12,000**

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: **FBJ9735C** Yr Regn: **2015 / JAN**

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

Truck / Trailer or

Make: **KTM** 690 SMC R c.c. 690Colour **White / Orange** A/C: Insured / Std / NI / NA

Sp. Reading _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **VBKLS400F-M 772498**Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **120 / 70 R17**R: **160 / 60 R17**

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

TOYO / YOKO or

Front

Rear

R/Bal. **5** mmR/Bal. **5** mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. _____

D.O.I. **12/8/21 @ 325pm**Survey held at **SG Mota**Des. of Damages: **FR** / 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, chassis frame bent, not safe to repair.
No GIA.

30/8/2021 Submit total loss report - unsafe

MV: \$12000

LTA: \$1944 (EST)

NV: 10056

Date/Time, File Pass to?

☐

: Preli. Report

1) 30/8 TYPIST

☐

: Final Report

Date/Time, File Return to?

2) _____

Report Format: **TP**

Lump Sum / L&E (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL