ASS. REC. BY:

REF: CS/CTI22001519/Dqy3

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. SNM22D201163/C02

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: _____

IDAC Accident Rport: _____ 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: GBF5005Z Yr Regn: Nov 2016

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

Truck / Trailer or _____

Make: Nissan NV200 1.6A c.c 1597

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading N.A T/Radio: Insured / Std / NI / NA

Eng/No: HR16074074D

C/No: VM20100213

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 175/70 R14

R: —"—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Goodyear

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm

D.O.A. 14/02/2022 D.O.I. 16/02/2022

Survey held at CS Org AMIC

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front 4 of Rear 0/S

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

Date / Time	Action / Instruction
	China Taiping SKL2328Z
	MV 39K
	LTA 21.4K
	ML 17.6K
	Vehicle sustained extensive damaged at front portion and rear right portion. Airbags also activated. Recommend total loss
	10/5/22 Submit Extensive Total Loss Report.

Date/Time, File Pass to? 1) 10/5/22 ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Report Format : MER-TP/L-E

Lump Sum / Ex Gr : (% _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	