

ASS. REC. BY:

REF:

CS/CTI 22001519/Dgy³

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. _____

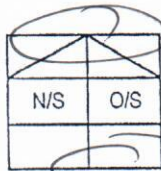
Claims No. SNM 220201163 / 02

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: 1 days Res.: Yes or NoLum Sum: 1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBF 5005 Z Yr Regn: Nov 2016

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

Truck / Trailer or _____

Make: Hissan NV 200 1.6A c.c 1597Colour: Grey A/C: Insured / Std / NI / NASp. Reading: N.A T/Radio: Insured / Std / NI / NAEng/No: HR160740741C/No: VM20100213

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 175 / 70 R14R: 11

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

TOYO / YOKO or Goodyear

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 14/02/2022 D.O.I. 16/02/2022Survey held at CS Ong AMIC

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

Rear 4 of 4 Rear o/s

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

Date / Time	Action / Instruction
	<u>China Taiping SKL 2328 Z</u>
	<u>MV 39K</u>
	<u>LTA 21.4K</u>
	<u>HL 17.6K</u>
	<u>Vehicle sustained extensive damage at front portion and rear</u>
	<u>right portion. Airbags also activated. Recommend total loss</u>

Date/Time, File Pass to? ☐ : Prel. Report

Days Of Repair: _____

1) 10/5/22 ☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL

Rep. Form: MEP-TP/L-E

Lump Sum / L.B. : _____