

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s KLENCO SINGAPORE

of 18 GUL CRESCENT S/G29527

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: TBA

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
LMS	RPLS

Bal. or Market Value: \$36250(est)

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

Date _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN 5916E Yr Regn: 21 Aug 2014

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

Truck / Trailer or _____

Make: DULEVO / 5000 VELOCE RUSA (CC) 5,883

Colour: WHITE/GREY A/C: Insured / Std / NI

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

Eng/No: _____

C/No: 2A955620E5AC38189

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rrim or

Tyre Size: F: 148/145 R18

R: 11

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

TOYO / YOKO or HILD

Front _____ Rear _____

R/Bal. BURNT mm R/Bal. 6

L/Bal. BURNT mm L/Bal. 6

D.O.A. 19/3/2022 D.O.I. 29/3/2022

Survey held at KLENCO SINGAPORE

Des. of Damages: FRONT / Rear / O/S / N/S / UIC / Rooftop or

FRONT OFFSIDE NEARSIDE

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

AIS LLS

Date / Time	Action / Instruction
29/3/2022	Vehicle badly burnt. uneconomical to repair. recommend total loss. COE Rebate \$12,981.00
05/04/22 @ 4.16pm	revert to Sharon Lim by email. (Pending for investigation)
	Depreciation per year \$15K

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

_____ S + RS _____ SI

Photos _____

Others _____

TOTAL _____