

ASS. REC. BY: Steve

CS/EG177005281/ETy3

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report _____ 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: LD 2434M Yr Regn: 29/5/08

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

Truck / Trailer or

Make: Mitsubishi FV51 c.c. 17887

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

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

Eng/No: _____

C/No: FV51JJA00196

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 295/80R225

R: _____

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

TOYO/YOKO or _____

Front R/Bal. 4 mm Rear R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 30/5/22 D.O.I. 2/6/22

Survey held at convince

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

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

Date / Time	Action / Instruction
	MY-TRK
	PV-21,879
	NV-48,121

* Total Loss

SUBMIT TOTAL LOSS REPORT

Pre-Accident Value :S\$ 70,000.00

COF / PARE Rebate :S\$ 21,879.00

Salvage Value :S\$

Margin for Repair :S\$ 48,121.00

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

1)

Report Format :

Lump Sum / L.B.F. (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL