

ASS. REC. BY:

REF:

F02 / 22010966/k_{qy3m4}

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

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:

GBC 2735K

Yr Regn:

10, 11

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

Truck / Trailer or

Make:

NLS Cabstar

c.c

2953

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng No:

C/No:

JNISC 2F2470850191

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NIP / S/Rim / STD A/Rim or

Tyre Size:

F:

195R15X8

R:

(D)

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

TOYO / YOKO or

Fallen

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

28/10/22

Rear

R/Bal.

3 3

mm

L/Bal.

3 3

mm

D.O.I.

16/11/2022

Survey held at

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

25/11/22 Submit Uneconomical Total Loss Report.

Date/Time, File Pass to?

25/11 Typist

Date/Time, File Return to?

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

\$ + RS. \$

Fees

Others

TOTAL

(35 x 15)

170 + 525

50

36

781

Report Format: TL/U

Lump Sum / I.B.I. (\$

OSP 28/11/22