S. RECBY: Taufik | REF: CS/GT/23001374/Twp3

ASSIGNMENT

COE 2028 Oct

From: _____ Date: _____

Estimated Cost: _____

OD / TP / MS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

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.

N/S	O/S

Bal. or Market Value: 476K.

IDA.C 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: SMX223T Yr Regn: 2008, Oct

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Alphard. C.C 2362.

Colour — A/C: Insured / Std / Nil / NA

Sp.Reading — T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ANH20501975 6. _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or _____

Brake: Intact / Jammed / Leaked / Burnt or _____

Modi: Nil / Sl...m / STD A/Rim or _____

Tyre Size: F: — R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI / TOYO / YOKO or —

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	9/2/23

Survey held at Sug Lim Tee

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

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

Date / Time	Action / Instruction
	Vehicle totally burnt, not economical to repair, recommended for total loss.
	14/02/2023 Submit Extensive Total Loss (MV- $76,000.00 LTA- 18,187.00 NV- $57,813.00)

Date/Time, File Pass to? 14/02/2023
1) typist

Date/Time, File Return to?
2) _____

☐ : Preli. Report
☑ : Final Report

Days Of Repair: -

Resurvey No. of Trip: _____

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

Survey Fee:
Transportation: ___$ + RS, ___$
Postage
Others

Report Format : OD
Lump Sum / M.V. (%) : Total Loss