

REF: CS/INC24080279/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estin: _____

OD / TP / TP RES / CD RES / EVA / INV / MVTo In Vehicle No: _____at Work / Shop / Home / Other

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: 3 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: GB020174Yr Regn: 2014 JulyType: M.Car / M.Cycle / Bus / Van / Long / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota DynaC.D. 2982Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 186510

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y40K203223

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Mod: NI / S/Rim / STD A/Rim or _____Tyre Size: F: 195 R15 C BSR: 155 R12 C Yokos

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 20/08/24Survey held at RyderDes. 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

TP INCCOE Expiry: 30/07/2029

LS \$2000, 3 days (Red \$3814.43, 66%)

Estimate given during: Yes (✓)

1st Survey: No ()

MV:

PV:

Nett:

299E

Date/Time, File Pass to?



Preli. Report

1) 11/10 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Survey Fee:

Transportation:

Photos

Others

Report Format:

TP

Report Form: A/P/B/C