REF: CS/INC24090135/Aqh3

ASSIGNMENT

From: Date:

Estim Cost:

OD / TPFTNS / TP RES / CD RES / EVA / INV / MV

To Inspect Vehicle No:

at W/Ds / Prem/s

of

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SNA9726J. Yr Regn: 2019, Oct

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

Make: BMW X1 c.c 1499

Colour Bronze. A/C: Insured / Std / NI / NA

Sp.Reading 82773 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAJG12070EN53781

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50R18.

R: 225/50R18.

	N/S	O/S

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

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	09/09/24.

Survey held at Ryder

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
	TP INC
	LS $13700, 8 days (Red $6943.44, 34%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during 1st Survey : Yes (✓) No ( )

9648.

Date/Time, File Pass to? 1) 16/01 Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 2

Date/Time, File Return to? 2)

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others

Report Format: TP