

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in Vehicle No: _____

at Work in/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: SPY5544K Yr Regn: 2010 April

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

Truck / Trailer or

Make: Mercedes Benz C.D. 1796

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

Sp. Reading: 217425 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDDHF4HBSAA129884

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: 245/45R17

R: 245/45R17

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 11/09/24

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

COE Expiry: 31/03/2030

Estimate given during: Yes X
1st Survey: No C

MV:

PV:

Nett:

5446

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____



Prel. Report



Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$ _____)



Interview (\$ _____)



Tech. Inve (\$ _____)

Survey Fee:

Transportation:

3 - RS. \$1 _____

Photos

Others

Report Form:

From Police A.P. 100