

ASSIGNMENT

From:

Date:

Estimate No.:

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

To in Vehicle No.:

at Work

of

Insured:

Policy No.

Claim No.

Sum Insured

Excess:

(Client Record)

Make of Vehicle

(Policy Condition)

Remark: The vehicle 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

Date / Time

Action / Instruction

TP INC

MV:

PV:

Nett:

Veh No:

SNING52LJ

Yr Regn:

2023 Dec

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

Truck / Trailer or

Make:

BYD B6

Colour

Black

Sp. Reading

33376

Eng/No:

C/No:

LC0CE4DCIN037482

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:

215/55 R17

R:

215/55 R17

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

Front

R/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

Rear

R/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

16/10/24

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.

COE Expiry

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

1336

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

1) Date/Time, File Return to?

2) Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

Report Format: