Ass. Sur: REF:

ASSIGNMENT

From: Date:
Estimate Cost:
OD / TP / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No:
at Workshop/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.

N/S	O/S

Bal. or Market Value:
IDAC 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: SLB4744H Yr Regn: 2016, April
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Kia Forte K3 C.C 1591
Colour: Red. A/C: Insured / Std / Nil / NA
Sp.Reading: 65207 T/Radio: Insured / Std / Nil / NA
Eng/No:
C/No: KNAFX411MG5556339
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 205/55R16.
R: 205/55R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Citytraxx.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm

D.O.A. D.O.I. 21/11/24
Survey held at Ryder.
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front o/s.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC
	COE Expiry: ✓
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV: 24K
	PV: 14.2K
	Nett: 9.8K

220H.

Date/Time, File Pass to? 1)
☐ : Preli. Report
☐ : Final Report
Date/Time, File Return to? 2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inve ($)

Survey Fee:
Transportation: __S + RS.__ S
Photos
Others

Report Format: