Asst. Mgr: REF:

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TPO / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at W/S / Workshop

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SLN8322C Yr Regn: 2017, May.

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

Make: Honda HRV c.c 1496

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

Sp.Reading 154278 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRU1810GX202475

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: 215/60R16

R: 215/60R16

	N/S	O/S
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

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	03/12/24.

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
	MV : 41K
	PV : 21.5K
	Nett : 19.5K

COE Expiry :

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

480J.

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: S + RS S

Photos

Others