Asg. Surv: REF: CS/INC24120033/Aqh3

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TP RES / 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)

Veh No: YN9657B. Yr Regn: 2015, Oct.

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

Make: Hino XZU710R c.c 4009

Colour: White. A/C: Insured / Std / Nil / NA

Sp.Reading: 54/468 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JHHUCS3H10K014674

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: 7.00 R16

R: 7.00 R16.

Remark: The veh had commenced its repair at the time of inspection.	N/S	O/S

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

Bal. or Market Value:

IDAC Accident Report: 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	06	mm
L/Bal.	06	mm	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
	LS $7400, 8 days (Red $24582.53, 77%)
	MV : 1S1C
	PV : 2.7C
	Nett : 12.3C
	384Z

COE Expiry :

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

Date/Time, File Pass to? 1) 15/04 Typist

Date/Time, File Return to? 2)

: Preli. Report

: Final Report

Days Of Repair: 8

Resurvey No. of Trip: 2

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

Survey Fee:

Transportation: B + R$ S

Photos

Others

Report Format : TP