

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

To in _____ Vehicle No: _____

at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

Remark: Tlveh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJR971J Yr Regn: 2019, May

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

Truck / Trailer or

Make: Hyundai Accent C.C. 1368

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

Sp. Reading: 102989 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCU41BTKu468481

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: 175/70R14

R: 175/70R14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Tourador

Front: _____ Rear: _____

R/Bal. 26 mm R/Bal. 26 mm

L/Bal. 26 mm L/Bal. 26 mm

D.O.A. _____ D.O.I. 17/12/24

Survey held at Ryder

Des. of Damages: Front / 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 :

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

MV : 52K

PV : 18.4K

Nett : 33.6K

436H

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Inve (\$ _____)

Survey Fee:

Transportation:

S + R.S. \$ _____

Photos

Others

Report Format:

Report 24 hrs / 12 hrs / 6 hrs