

ASSIGNMENT

Front: _____ Date: _____
 Estn: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____
 (Policy Condition)

N/S	O/S

Remarks: 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

Veh No: SKN4200J Yr Regn: 2014 / June
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Estima C.D. 2362
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 154137 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ACR500165489
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 235/45R18
 R: 235/45R18

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

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A. _____		D.O.I. <u>18/12/24</u>	

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
	<u>TP INC</u>
	COE Expiry: <u>31/05/2034</u>
	Estimate given during: Yes (✓) / No ()
	1st Survey: No ()
	MV: _____
	PV: _____
	Nett: _____
	555F.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

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

Survey Fee: _____

Transportation: _____

3 + RS. \$ _____

Photos

Others

Report Format: _____

Report Form: _____