

REF: CS/INC24120358/Anh3 (SNJ 5311B)

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

OD / TP RES / OD RES / EVA / INV / MVTo In Vehicle No: _____at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: The vehicle 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: 6 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: SNJS311BYr Regt: 2023, FebType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BYD E6C.D. -Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 118514

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LCOCE4DC2X0371488Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55R17R: 215/55R17

BS / DUN / EXNOVA / GY / ES / IIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Vantage

Front

Rear

R/Bal. 26 mmR/Bal. 26 mmL/Bal. 26 mmL/Bal. 26 mm

D.O.A. _____

D.O.I. 24/12/24

Survey held at

RyderDes. 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 INCCOE Expiry

Estimate given during : Yes (✓)

1st Survey : No ()

MV :

PV :

Nett :

Adrian confirmed 6900 and 6 days
(red, \$13821.93, 66%)1336

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 6

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

☐

: Final Report

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

Main Form / P.P. Form