Assd: M/V: REF:

ASSIGNMENT

From: Date:

Estim Asst:

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

To In Vehicle No:

at W/O Km/s

of

Insured:

Policy No.

Claim's No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: GBJ4178T. Yr Regn: 2019 April

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

Truck / Trailer or

Make: Fiat Fiorino c.c 1248

Colour white A/C: Insured / Std / NI / N.A

Sp.Reading 99651 T/Radio: Insured / Std / NI / N.A

Eng/No:

C/No: ZFA22500006H38902

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: 185/65R15

R: 185/65R15

	N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIMA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maximum

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

Vehicle: IN / OUT

Date: Person Contacted:

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	31/12/24

Survey held at Ryder.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear O/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Sompo
	MV : 351C
	PV : 11.91C
	Nett : 23.11C.

COE Expiry :

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

271R.

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Addl Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + R$ $

Photos

Others