REF:

ASSIGNMENT

From: Date:

Estimate Cost:

OD / [illegible] / TP RES / OD RES / EVA / INV / MV

To Insured Vehicle No:

at W/S m/s

of

Insured:

Policy No

Claims No

Sum Insured Excess:

(Client's Record)

Make of Veh

(Policy Condition)

N/S	O/S

Remark: The veh 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. 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: SBR90X Yr Regn: 2015, June.

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

Make: Toyota Vellfire C.C 2493

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

Sp.Reading 135442 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: AGH30001464-8

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: 235/50R18.

R: 235/50R18

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	05/07/24.

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 / NC COE Expiry :
	Estimate given during 1st Survey : Yes (✓) No ( )
	MV : 53K
	PV : 26.2K
	Nett : 26.8K.
	655E.

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

$ + RS. SI

Photos

Others

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

Report Format :