Asst. Engr: | REF:

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: PC8901S Yr Regn: 2019, Dec.

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

Make: SC Neustar CA36 C.C 10837

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

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

Eng/No:

C/No: PF9SCAD36K5003025

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: 295/80R22.5

R: 295/80R22.5

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: 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:

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	17/12/24

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 Sompo. COE Expiry :
	Estimate given during : Yes (✓)
	1st Survey : No ( )
	MV : 180K (Depreciation @ 36K x 5yr
	PV : 12.9K ≃ 180K)
	Nett : 167.1K
	SSIE.

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: 8 + RS 8

Photos

Others