

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in Vehicle No: _____

at W/O _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum ENS: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: 5KX2113M Yr Regn: 2015, Nov

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

Truck / Trailer or

Make: Infiniti Q50 C.D. 1991

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

Sp. Reading: 76501 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1BCAV37Z0480466

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil S/Rim / STD A/Rim or

Tyre Size: F: 225/50R18
R: 225/50R18

BS / DUN / EXNOVA / GY / FS / IZA / 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. 06/08/24

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.

COE Expiry: _____

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

769E

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos: _____

Others: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Report Format: _____

Report Form / A.P.P. / C