

REF CS/UOI21005140/Atf3

ASS. FILED BY

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: Smv8283CIn Regn: 2017, AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit Lancerc.c. 1590Colour: SilverA/C: Insured / Std / NI / NASp Reading: 41251T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JmYRCYIAG4007090Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / (S/Rim) / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 26/04/21Survey 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 401

MV : LUMP SUM \$3050, 5DAYS

PV : RED:3299.15;51%

Nett:

Date/Time, File Pass to?



Preli. Report

1) 21/06/21-Typist



Final Report

Date/Time, File Return to?

2)

Report Format :

TP

Lump Sum / L.B.L: C

\$3050

Days Of Repair: 5Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Week end (\$)

Survey Fee:

230

Transportation:

60

B + PS \$

80

Photos:

59

Other:

TOTAL

429

017
28/6/21