

REF: CS/UOI22004132/Avcm4

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 GBD 8370J

Policy No. _____

Claims No. M11D15132205

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN 6891K Yr Regt: 2014, Nov

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

Truck / Trailer or

Make: Hino XZU710R c.c. 4009 ✓Colour White A/C: Insured / Std / NI / NASp. Reading 405992 ✓ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHAUCS3H10K010379

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 7.00R16R: 7.00R16

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

TOYO / YOKO or Kenda

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. 4/5/2022 D.O.I. 05/05/22Survey held at RyderDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP UOI</u> ✓
7/11/22	Adrian informed LS \$15,300 (Red 26,215.25, 63%)
	<u>MV: 36K</u>
	<u>PV: 16.6K</u>
	<u>Nett: 19.4K</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

7/11/22-typist

Report Form 1: TPDays Of Repair: 14 ✓Resurvey No. of Trip: 3

Survey Fee:

Transportation:

Tolls:

Others:

Total: 1,524

(31 X 25)

250 + 7756080 + 80 + 80199580

8/9/11/2