

ASS. REC. BY:

REP:

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: 34,000

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKQ6604Z Yr Regn: 2014, SeptType: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis c.c. 1598Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 256943 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: M2053REH104518985Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/65R16R: 205/65R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 0.6 mmD.O.A. _____ D.O.I. 11/11/22Survey 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
	<u>TP 1st Cap</u>
09/02/2023	Finalise \$2,650.00 @ 04 days (Red \$4,743.30/64%)
	MV: <u>34K.</u>
	PV: <u>21.5K</u>
	Nett: <u>12.5K</u>

Date/Time, File Pass to?

09/02/2023

1) typist

Date/Time, File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$

Survey Fee:

Transportation:

) 3 + RS. 51

) Photos

) Others

Report Form:

TP

L/S \$2650

L/S \$2650