

Ass. Fld. BY:

REF:

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBG622U Yr Regn: 2017, May.

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

Truck / Trailer or

Make: Nissan Cabstar. c.c. 2953

Colour: Gold. A/C: Insured / Std / NI / NA

Sp. Reading: 161019. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNISCJF24Z0855656.

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: 195 R15C. Mic

R: 155 R13C Plus.

BS / DUN / EXNOVA / GY / FS / LIZA / 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. 10/02/23.

*Survey held at Ryder.

Des. of Damages: Front / 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 Sample Ergo.

MV:

PV:

Nett:

502C.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$

Survey Fee:

Transportation:

3 + RS. \$

Photos

Others

Report Form:

☐ : Interview (\$

☐ : Tech. Invs (\$