

REF: CTL

06147

ASSIGNMENT

From: Date: 17/01/2019

Estimated Cost:

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

To Inspect Vehicle No: SLT 47504

at Workshop m/s

Prime Auto

of

6 Benni Place

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

after 103 dam

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: 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:

SLT 47504

Yr Regn: 2017 / 09

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

Truck / Trailer or

Make:

MAZDA 2 1.5 L

C.C.

1496

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp Reading

44836

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM65J2HAA01200165

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A:

16/01/19

D.O.I.

17/01/19

Survey held at

PRIME AUTO

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Frt

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

(2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)