

Summary *Karel*

REF: AKA

ASSIGNMENT

From: _____ Date: 10/8/2016

Estimated Cost: _____

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

To inspect Vehicle No. SJR 84312

at Workshop m/s 3A Automobile

of 120 Lower Delta Road H 02-15

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
	X

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJR 84312 Yr Regn: 2009, July

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

Truck / Trailer or

Make: TOYOTA VIOS J Auto c.c. 1497

Colour: GRAY A/C: Insured / Std / NI / NA

Sp. Reading: 192493 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053H49305/114934

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or WESTLAK

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 06/08/16 D.O.I. 10/07/16

Survey held at 3A Automobile

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

Rear o/s

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

Date / Time Action / Instruction

LIS - \$1800+ (Red: \$ 2043.88 / 53%.)

Date/Time. File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time. File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation

\$ + RS \$

Photos

Others

TOTAL

Report Format :

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