

(08/11/13) wef

ASS. REC. BY: Micros

REF:

ALU

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

34

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 24372

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

581311

14.10.13. 1244 9628

Veh No:

SKA4588

Yr Regn:

1/31 11

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

Truck / Trailer or

CA /

Make:

Toyota Camry

c.c 1998

Colour

Silver

A/C

Insured / Std / NI / NA

Sp. Reading

138055

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053BK 4107072380

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:

215/55 R17

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

23/4/19

D.O.I.

28/4/19

Survey held at

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

Rear

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

Date/Time, File Pass to?

☐
☐

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

Report Format :

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