

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

Fci

ASSIGNMENT

From:

Date:

Veh No:

Yr Regn:

Estimated Cost:

Type: *Car* / M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD *TP* / WS / TP RES / OD RES / EVA / INV / MVTruck / Trailer or *CA*

To Inspect Vehicle No:

Make:

c.c

at Workshop m/s

Colour:

A/C: Insured / Std / NI / NA

of

Sp. Reading

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

Claims No.

Gen. Cond: *Good* / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: *In order* / Jammed / Leaked / Burnt or *ok*

(Client's Record)

Brake: *In order* / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

R:

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

TOYO / YOKO or

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

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

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

CA / REV / REP. / 24 HRS

MTA 28010
Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time Action / Instruction

coe 18-8-2028 6/844 2nd. alt 12990

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 (\$

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

Report Format :

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

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

TOTAL