ASS. REC. BY: | REF: U07/ 20010674/KV

MACTA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s City Auto

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 7-9 days Res.: Yes or No

Lum Sum: 1.B / % 3 Vat.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLZ 939 M Yr Regn: 07, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Alfa Romeo Giulia 1995

Colour Black A/C: Insured / Std / Nil / NA

Sp.Reading 7407 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ZARE AEKN2K 7595751

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: _____

R: 225/45R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	1/10/20	D.O.I.	5/10/2020

Survey held at _____

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

L/M

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? 1) _____ ☑ : Prell. Report ☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: _____

Date/Time, File Return to? 2) _____ 18/11/20-Typist

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ Tech Invs ($ _____) ☐ Weekend ($ _____)

Report Format :

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

18x25=

Survey Fee:	250+450
Transportation:	60
$ - RS ___ St	80
Fees	52
Others	
TOTAL	892

OD Ignition