

Vehicle Accident Loss Assessment Report

Date: _____

1. Policy & Insured Details

Policy Number:

Insured Name:

Contact No.:

Address:

2. Vehicle Details

Make & Model:

Registration No.:

Engine / Chassis No.:

Year of Manufacture:

3. Accident Details

Date & Time:

Location:

Brief Description:

Police Report No.:

4. Nature of Damage

Description of Damages:

Photographs Attached:

Yes / No

Workshop Details:

5. Assessment Summary

Estimated Cost of Repairs:

Salvage Value:

Depreciation (if any):

Net Liability:

6. Assessor Comments & Recommendations

7. Declaration

I hereby declare that the above assessment is true to the best of my knowledge and belief.

Assessor Name:

Signature:

Date:

Important Notes:

- This report is based on physical inspection and information provided by the insured.
- All supporting documents (photos, repair estimates, police report) should be attached.
- Any discrepancy or concealed information may affect claim settlement.
- The assessment is not a repair order and final claim approval is subject to insurer's terms and conditions.