

Front: _____ Date: _____
 Estimator: _____
 OD / ~~TP~~ RES / OD RES / EVA / INV / MV
 To in ~~Vehicle~~ Vehicle No: _____
 at ~~Work~~ m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)

	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repair: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IIN / OUT

Veh No: SJV 6577D Yr Regn: 2910 / Feb
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Vios C.D. 1497
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 183706 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR053H49305148875
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Mod: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 180/65R15
R: 180/65R15

BS/DUN/EXNOVA/GY/FS/11ZA/MIC/OHTSU/PIR/SUMI/
TOYO/YOKO or *Zevados*

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at _____

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 10/07/24

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

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

Date / Time	Action / Instruction
	TP INC
	COE Expiry : 03/02/2025.
	Estimate given during : Yes () 1st Survey : No (✓)
	MV : 7K (Depreciation @ 15% $\times \frac{7}{12}$ $\approx 7K$) PV : 1.9K Nett : 5.1K.
	333W

Date/Time, File Pass to? : Prel. Report
1) : Final Report
Date/Time, File Return to?

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Inve (\$
☐ : Wt. Inve (\$

Survey Fee:

Transportation:

3 + P.S. 51

Photos

Others