

Pearl

Ref. 18002035/RLWS3

6845J

Page _____ Date _____
Estimated Cost _____
CC TR WS TR RES CO RES EVA INV WJ
To inspect vehicle **SLC 9724C**
and documents **C&C**
at **Pompano Beach**
insured **EQI/TP**
Policy No. _____
Policy to _____
Damage to _____
Estimated _____ Excess _____
Claims Record _____
Name of Insurer _____

Policy Condition

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

Balance/Waiver value

CAC Accident Report Consistent? Yes or No

CAC PP Exam Consistent? Yes or No

Est. Repair days Repair Yes or No

Est. Sur. \$ Sur. Yes or No

CAC REV REP. 24 HRS

Date _____ Person Contracted _____

Vehicle IN/OUT

Date Time Action Instruction

Does The File Pass? ☐ Prelim. Report

☐ Final Report

Does The File Return?

Report Form

SLC 9724C 2016 May

KIA FORTÉ K31-6A 1591

Color **GREEN** Insured By _____

30 Reading **41956** TP Insured By _____

Engine

Cyls **KNAF 2411M45580435**

Gen. Cond. Good **B** Poor **B**

Steering **B** Good **B** Limited **B** Leaves **B** Burnt **B**

Brake **B** Good **B** Limited **B** Leaves **B** Burnt **B**

Wash **B** M. **B** STD. **B** A.R. **B**

Tire Size **F 225/45ZR17**

R _____

BS, DLN, EXNOVA, GV, PS, LZA, WJ, O-TSL, PP, SW

TOMOYOKO **MAXXIS**

Front

R.Ba **6**

L.Ba **6**

CO. CA **12/02/18**

Survey Notes

Cost of Damages **C&C** Yes **C&C** No **C&C** MS **C&C** JC **C&C** Rejected **C&C**

The UO Chassis/frame Body Structure affected due to _____

Days Of Repair

Resurvey No. of Trips

Surge Fee

Add Fee

Grease \$

Wash \$

Tire \$
