

Qinruo

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

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

N/S	O/S

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

Vehicle: IN / OUT

Veh No. SCW7171L Yr Regn: 2015 / July
Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Make:	Audi A4	C.C	1375
Colour	Black	A/C:	Insured / Std / NI / NA
Sp.Reading	19188	T/Radio:	Insured / Std / NI / NA

Eng/No: WAU227401A165075

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16
R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Continental*.

Front		Rear	
R/Bal.	06	R/Bal.	06
L/Bal.	06	L/Bal.	06
D.O.A.		D.O.I.	12/06/18

Survey held at Premier

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
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TP Alg.

Date/Time, File Pass to?

☐: Preli. Report

15

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$
$$) \quad S + RS, \quad SI$$

☐ Interview (\$

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

Report Format :

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

TOTAL