

REL:

AXA

14864/TIja3 (1)

Tanjil

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 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.

Bal. or Market Value: **885K**
 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
 CA / REV / REP. / 24 HRS **WP'**

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SLV4504D** Vi Page: **2017 Dec.**

Type: **M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or

Make: **Nissan Sylphy.** **1598**

Colour: **Blue.** A/C: Insured / Std / NI / NA

Sp. Reading: **3964** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **MNRBBAB17 200 30949**

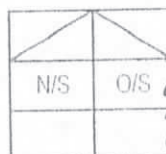
Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi: **Nil** / S/Rim / STD A/Rim or

Tyre Size: **F: 195/60R15**
R: 195/60R15



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

Front	6		Rear	6	
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. **20/8/1981445**

Survey held at **Tan Ahoy Bukit Tiarch**

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

Date/Time, File Pass to:

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to:

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Report Format:

Lump Sum / LB / L3

Add Fee: ☐ Site Insp \$

☐ Informogen \$

☐ Tech. Insp \$

☐ Workshop \$

1) ☐ ☐ ☐

2) ☐ ☐

3) ☐ ☐

4) ☐