

Tanji

REF:

AXA

63

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

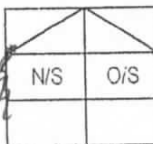
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No.

SKD 86 93X

Yr Regn:

2016 Feb

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

Truck / Trailer or

Make:

Mercedes Benz R200

C.C

2035

Colour

White

A/C

Insured / Std / NI / NA

Sp. Reading

92972

T/Radio

Insured / Std / NI / NA

Eng/No:

WDD 2452 34238 36 243

C/No:

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:

R:

215/45R17

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

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

12/9/2010 am

Survey held at

Van Ho Thuy Kee

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

2422

W/S will email estimate

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

In

Date/Time. File Return to?

Out

Report Format :

Lump Sum / LB : \$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp \$
☐ : Interpret \$
☐ : Tech Insp \$
☐ : Workshop \$

Survey Fee

Transportation

1. 2. 3. 4.

5. 6. 7. 8.

9. 10. 11. 12.

TOTAL