Ref. No : CS/TP 1801707O/UV0312 Res. Date: 20/9/18	Date Received:
Veh. No : GBE1769 SP:	WKSP:
C/No :	
Action/Instruction:	
1.File 2.Submit Photo? YES / NO	
3.Indicate Res. Date On Photo Page? YES / NO	Message:
If No, due to a) No authorisation b) Days of repair	
others:	
Final Re-inspection or Progress Photos	Inspected By:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 48

IDAC Accident Rport: ____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS L 349C

Date: ____ Person Contacted: ____ Vehicle: IN / OUT

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	28/8/18	D.O.I.	19/9/18

Survey held at ____

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

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

Date / Time	Action / Instruction
	NYNC LJA 26677
5/10/18	2/5 @ 5000 CRed 3286.10, 40%

RECEIVED 05 OCT 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 5/10 - typist

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 5000/-)

Survey Fee:	160
Transportation:	50
___S + RS, ___SI	50 + 50
Photos	78
Others	80
TOTAL	468