Ref. No : CS/TP/18017396/Urban2 Res. Date: 25/9/18	Date Received:
Veh. No : SGT9708U SP:	WKSP: Max
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: 28

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 26/4/2022

Date: Person Contacted: Vehicle: IN / OUT

Brake: Border / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	19/9/18	D.O.I.	25/9/18

Survey held at

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

The ~~Axle~~ / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Mic 2YA 18650 3yrs Ind.
5/10/18	L/S #3500 (Red 5522.25, 6190)

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: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 3500/=)

Survey Fee:	170
Transportation:	50
S + RS SI	50
Photos	49
Others	80
TOTAL	399