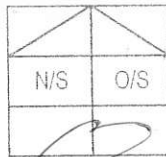


Ref. No :	CS TP 18018714 Uvb ⁰³	Res. Date:	17/10/18	Date Received:	
Veh. No :	SBW1619P	SP:		WKSP:	Bur
C/No :					
Action/Instruction:					
1.File	2.Submit Photo?	YES / NO			
3.Indicate Res. Date On Photo Page?		YES / NO		Message:	
If No, due to		a) No authorisation b) Days of repair			
others:					
Final Re-inspection or Progress Photos				Inspected By:	

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: 2 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

L7A 735ff

Date: Person Contacted:

Vehicle: IN / OUT

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

Tyre Size: F: 215/55R17

R:

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

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

10/10/18

D.O.I.

16/10/18

Survey held at

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

Rear

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

Date / Time	Action / Instruction
31/10/18	MUC 71A 2/5 # 4250 (Red 5844.00, 579)

RECEIVED 3 OCT 2018

Date/Time File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 6

1)

Resurvey No. of Trip: 1+1

Survey Fee

Date/Time File Return to?

Transportation

2) 31/10 - typist

Add Fee: ☐ : Site Insp (\$

☐ : S + PS (\$

☐ : Interview (\$

☐ : Photos

☐ : Tech Invs (\$

☐ : Others

☐ : Weekend (\$

Report Format: TP

Lump Sum / I.B.I. (\$) 42506

TOTAL

170
50
50+50
57
80

457