Surrey Tarphi

A. A		
	N I	
PRODUCE ALLEGE	9	

From:	Date:	Veh No: 53(5171	F Yr Regn: 206, Oct	
Estimated Cost:		Type: M.Ca / M.Cycle / Bus / Van /	Lorry / Taxi / Prime Mover /	
OD / TP / WS / TP RES / OD	RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:		Make: Merudes Bc	13 A180 a.c 1595	
at Workshop m/s		Colour Gues	A/C: Insured / Std / NI / NA	
of		Sp.Reading 404 1	T/Radio: Insured / Std / NI / NA	
Insured:		Eng/No:		
Policy No.		CTNO: WD01760	1422.5456 087.	
Claims No.		Gen. Cond: 696d/Fair/Poor/Bur	nt	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh:		Modi: Nil / S/Pim / STD A/Rim or		
		Tyre Size: F: 2 2	25/45KI7.	
(Policy Condition)		R: -	(~	
Remark: The veh had comm	nenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection. TOYO / YOKO or Confirmed				
Bal. or Market Value:		Front	Rear	
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 6 mm	R/Bal. C mm	
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm	L/Bal. 6 mm	
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 16/4/18 @1230	
Lum Sum:	% 3 Val.: Yes or No	Survey held at (C)	auden Loop	
04 / DEV / DED / 0	AUDO	Des. of Damages : Fin Rear Ols		
CA / REV / REP. / 2	4 HRS Vehicle: IN / OUT			
Date: Perso	on Contacted:	The U/C / Chassis frame / Bo	dy Structure affected due to collision.	
Date / Time Action / In:	struction			
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:		
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?			Transportation.	
2)	Add Fee	: Site Insp (\$)S + RS,SI	
		: Interview (\$) Photos	
Report Format :		: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$	j	: Weekend (\$) .	
			TOTAL	