| | |
|---|---|
| Ref. No : CGTP1802479/Ufbn2 Res. Date: 13/11/18 | Date Received: |
| Veh. No : SFW 171C 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: |

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:

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 3 days Res.: **Yes** or **No**

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

**CA / REV / REP. / 24 HRS**

Vehicle: **IN / OUT**

Date: Person Contacted:

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

Tyre Size: F: 215/55-R17

R:

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |
| D.O.A. | 18/10/18 | D.O.I. | 13/11/18 |

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 |
|---|---|
| | Autograde . A |
| | Repair Sum $ 2800/- (Red: 2394; 46%) |
| | RECEIVED 14 NOV 2018 |

Date/Time, File Pass to?

1) 14/11 Typist

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☑ : **Final Report**

**Days Of Repair:** 3

**Resurvey No. of Trip:** 1

**Add Fee:** ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Invs ($ )

☐ : Weekend ($ )

**Report Format :** TP

**Lump Sum / I.B.I:** ($ 2800/- )

| | |
|---|---|
| Survey Fee: | 140 |
| Transportation: | 50 |
| ___S + RS, ___SI | 50 |
| Photos | 48 |
| Others | 80 |
| | |
| TOTAL | 368 |