

Tanym

REF:

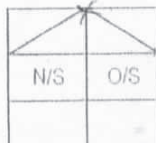
AXA- 806/140

5.5.2017

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 996k.
 IDAC Accident Report: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: days Res.: Yes or No
 Lump Sum: % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

SLK 6490D. 217 Jan.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 216D 1496
 Colour: Grey A/C Insured / Std / NI / NA
 Sp. Reading: 79466 T/Radio: Insured / Std / NI / NA
 Eng/No: WBSA2E320405R45778
 C/No:
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R17
 R: 205/55R17

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. D.O.I. 19/2/14 @ 425p
 Survey held at PML
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Date/Time: File Return to?

1)

Report Format :

Lump Sum / L.B. /

Add Fee: ☐ Site Insp. (\$)
☐ Interview (\$)
☐ Fee in trip (\$)
☐ Work and (\$)

1) Site Insp. (\$)

2) Photos

3) Other

12/11