Rasu | REF: | 26452

Workshop

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SJJ 4613J

at Workshop m/s: CYCLE & CARRIAGE

of: 209, PAYA LEBAR GARDEN

Insured:

Policy No:

Claim No:

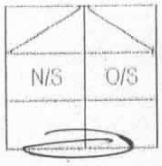
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 4 pm

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJJ 4613J Yr Regn: 2018 July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: KIA CARENS 1.7 A c.c 1685

Colour: GREY A/C: Insured / Std / NI / NA

Sp.Reading: 10793 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAHU815VJ7208648

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/50R17

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.	11/01/19	D.O.I.	27/02/19

Survey held at: CYCLE & CARRIAGE

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (C$ ☐ Interview (C$ ☐ Tech Invs (C$ ☐ Weekend (C$

Survey Fee:

Transportation

) $ + RS $

) Photos

) Other

) TOTAL

Report Format :

Lump Sum / LB / (C$