

Tang

REF:

LPC 1860/11(P)

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / 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: _____

N/S	O/S

(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: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Wp
Han

Veh No: SMH1520M at Regn 20/1 Jan

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

Truck / Trailer or

Make: BMW X1

Colour: Black

Sp. Reading: 2743

Eng/No:

C/No:

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:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / FIRT / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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)

Date/Time: File Return to?

2)

Report Format:

Lump Sum / LB L: C

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (\$

☐ Interview (\$

☐ Tech Insp (\$

☐ Workshop (\$

Survey Fee

Transportation

1) S + P. M

2) Hotel

3) Other

Total