Tanghin | REF: III 1678/16

Date: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop/ons:

of:

Insured:

Policy No:

Claim No:

Sum Insured: Excess:

(Client's Record)

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time: Action / Instruction

Veh No: SMD 3030T. 1st Regn: 2018 Aug

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

Make: Kia Cerato C.C: 1591

Colour: Blue. A/C: Insured / Std / NI / NA

Sp.Reading: 9562. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAF3416MK5015586

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: 225/45R17

R:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	5/3/19	

Survey held at: CBC Pandan Gdns

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: File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time: File Return to?

Report Format:

Lump Sum / LB I: (S

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($

☐ Interview ($

☐ Tech Invs ($

☐ Weekend ($

Survey Fee:

Transportation

Photos

Other

TOTAL