

Rose

(1878/11/17)

1445A

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **SLA 48304**
at Workshop m/s: **KAH MOTOR**
of: **255, ALBERTA RD**
Insured: **AXA**
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

See Hm

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



Bal. or Market Value:

98K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: **SLA 48304** Reg: **2016 MAR**
Type: ☒ M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: **Honda Odyssey 2.4A** cc **2356**
Colour: **Grey** A/C Insured / Std / NI / NA
Sp Reading: **066254** T/Radio Insured / Std / NI / NA
Eng/No: _____
C/No: **JHMRC 18906C 202204**
Gen. Cond: Good / Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Modi: Nil / 9/Rim / STD A/Rim or
Tyre Size: F: **215/55R17**
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. **28/04/17** D.O.I. **19/02/17**
Survey held at: **KAH MOTOR**
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?

☐
☐

: Preli. Report

: Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐
☐
☐
☐

Site Insp (\$)

Interview (\$)

Tech Insp (\$)

Weekend (\$)

) \$ + RS. 04

) Photos

) Office

)

TOTAL

Report Format :

Lump Sum / I.B.I. (\$)