

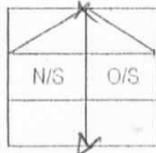
Tang M

REF:

III

CE 2019 Sep
2007 Sep

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 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: 843K
 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: Joseph Chua Vehicle: IN / OUT



VEH No: SLS/867 S (Type) Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 335i C/S: 2979
 Colour: Black A/C Insured / Std / NI / NA
 Sp. Reading: 41844 T/Radio Insured / Std / NI / NA
 Eng/No: WBHML720X0PZ85208
 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: 225/40R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: 6 mm R/Bal. 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 L/Bal. 6 mm D.O.A. 26/2/11
 D.O.A. _____
 Survey held at: PMC
 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 _____ Action / Instruction
Inform Joseph int repair \$3000

Rebate: \$39,394

Date/Time File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee _____
 Transportation _____

Add Fee: Site Insp. (\$) _____
 Interview (\$) _____
 Tech Insp. (\$) _____
 Wash and (\$) _____

Report Format : _____
 Lump Sum / L.B I: (\$) _____