Rasul | RCF: | 0399N

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLT 9648A

at Workshop m/s: HITACHI CAPITAL

at: 8, FOURTH LORONG RD

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

1130

(Policy Condition) Owner entry

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

N/S	O/S

Bal. or Market Value: 79K

IDAC Accident Report: 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: SLT 9648A Yr Regn: 2017 NOV

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

Make: HONDA VEZEL 1.5X CVT c.c. 1496

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

Sp.Reading: 023615 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1122 7849

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: 215/60R16

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	07/02/19	D.O.I.	21/02/19

Survey held at HITACHI

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

1) ☐ : Final Report

Date/Time. File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ Interview ($)

☐ Tech. Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation

) $ + RS $

) Photos

) Others

) =

TOTAL