Steve | REF: III

Date: 21/2/19

Veh No: SMF 7897Y | 1st Regn: 26/11/18

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

Make: Kia Carens | C.C: 1.7

Colour: Black | A/C: Insured / Std / NI / NA

Sp.Reading: 7686 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAHU815VJ7212186

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. 11/2/19 | D.O.I 21/2/19

Survey held at C & C Pandan

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

From:

Estimated Cost:

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

To Inspect Vehicle No: SMF 7897Y

at Workshop m/s: cycle & Carriage Kia

of: 209 pandan Gardens

Insured:

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

10am @ owner waiting Andre

(Policy Condition)

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

N/S	O/S
X	X
	X

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

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($) S+RS SI

☐ Interview ($) Photos

☐ Tech Insps ($) Other

☐ Weekend ($)

Total

Report Format:

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