Mr. Lim | Ref: AIG

From: Date: 19/2/19

Estimated Cost:

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

To Inspect Vehicle No: SLV 4607R

At Workshop/s: Team Auto

at: 8 Kaki Bukit Ave 4 #06-21 S(415875)

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.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LDS'

Vehicle IN / OUT

Date: Person Contacted:

Veh No: SLV 4607R 1st Regn: 29/12/17

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

Make: SUBARU FORESTER 2.0 IL c.c: 1998

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

Sp Reading: 25,750 T/Radio: Insured / Std / NI / NA

Eng/No: FB20YB 66666

C/No: JF1SJKC5JG101370

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: 225/60/17

R: 225/60/17

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: 15/2/19 D.O.I: 19/2/19

Survey held at: TEAM AUTO

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

MV 102,000/=

PV 57511/2

NV 44,489/2

Date/Time File Pass to?

1) ☐ : Preli. Report

☐ : 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:

) GARS $

) Photos

) Other

Total: