

Taufik

REF:

LCR.

ACCIDENT

Team
Estimated Cost
OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle Ho
at Workshop no
of

Insured

Policy No

Claim No

Sum Insured

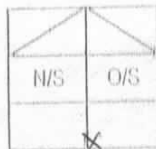
Excess

(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 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:

Vehicle: IN / OUT

Joseph

Date / Time Action / Instruction

Vehicle No SLE6075B 2016 July

Type Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make H4W 216D C.C. 1496

Colour White A/C Insured / Std / NI / NA

Sp. Reading 99669 T/Radio: Insured / Std / NI / NA

Eng/No

C/No

WKA2B32000 V 260061

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size F:

205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Capfury

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

pm 2. 4/3/17

Survey held at

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: File Pass to?

☐

: Preli. Report

1)

☐

: 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 (\$)

1) S.R.P. \$

2) Photos

3) Other

4) Total

TOTAL

Report Format

Lump Sum / LB 1: 15