

Paul

REF: III

04339

Team Date 28/2/19

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

To inspect Vehicle No 8GC 1015Y
at Workshop no: Volkswagen
of 1 Kampot Ampat

Insured

Policy No

Claims No

Sum Insured Excess

(Client's Record)

Make of Veh

3:30pm
(waiting)

(Policy Condition)

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



Bal. or Market Value.

IDAC Accident Report. Consistent? : Yes or No

GIA / FR. Seen. Consistent? : Yes or No

Est. repairs. days Res. : Yes or No

Lump Sum. % 3 Val. : Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No 8GC 1015C in Regn 2018 84P

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

Truck / Trailer or

Make Volkswagen Tiguan HL CC 1398

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

Sp. Reading 10039 T/Radio: Insured / Std / NI / NA

Eng/Ho:

C/Ho: WUG 2225N 2JW 949534

Gen. Cond: Good ☒ Fair / Poor / Burnt

Steering: ☒ Jammed / Leaked / Burnt or

Brake: ☒ Jammed / Leaked / Burnt or

Mod: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 235/55R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU ☒ / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 26/02/19

Survey held at KA Ampat

Des. of Damages: Fnt ☒ 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

(\$)

(Photos

(Other

(\$)

TOTAL

Report Format

Lump Sum / L.B.I: (\$

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech Invs (\$

☐ Weekend (\$