

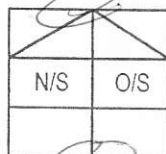
Ref. No : CS/TP19003733/USD3 ⁿ²	Res. Date: 27/2/19	Date Received:
Veh. No : CISC 8063B	SP:	WKSP: <i>[Signature]</i>
C/No :		
Action/Instruction:		
1. File	2. Submit Photo?	YES / NO
3. Indicate Res. Date On Photo Page?	YES / NO	Message:
If No, due to	a) No authorisation	b) Days of repair
others:		
Final Re-inspection or Progress Photos		Inspected By: <i>[Signature]</i>

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

45500

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

195/275R15

R:

155-R12 Delium

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5/5

mm

L/Bal.

5

mm

L/Bal.

5/5

mm

D.O.A.

20/2/19

D.O.I.

27/2/19

Survey held at

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

Rear & R/L

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

Date / Time Action / Instruction

Arrival L1A 36372 4yrs. 15m.

L/S R 9000

(\$ 10,223.95 Red 53%)

RECEIVED 20 MAR 2019

Date/Time, File Pass to?

20/03/19



: Preli. Report



: Final Report

1)

Typist

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

) S + RS, SI

) Photos

) Others

TOTAL

9x15=135

170+135

50

50+50

121

80

656

Report Format :

Independent

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

9,000/- L/S)