GR | REF: EQ

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLG3225U

at Workshop m/s: Allcwell

at: 25 Dehu Lane 9

Insured:

Policy No:

Claim No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

11/3/2019 1 pm Owner Waiting

(Policy Condition)

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

N/S	O/S

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

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLG3225U Reg: 27 Sep 2016

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

Make: Toyota AX10 cc: 1496

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

Sp.Reading: 187258 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NKE 165 7135 332

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperder / Jammed / Leaked / Burnt or

Brake: Inoperder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60 R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRELLI / 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.		D.O.I.	11-03-19

Survey held at: w/s 1 pm

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

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

Date / Time	Action / Instruction

Date/Time: File Pass to?

1)

Date/Time: File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech Inv ($) ☐ Weekend ($)

Hotel:

Other:

Extra:

Report Format:

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