Ref. No : CS/TP19005859/Uvd3N2 Res. Date: 3/4/19	Date Received:
Veh. No : SLA7879M SP:	WKSP:
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:

(Client's Record)

Make of Veh:

(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: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

Tyre Size: F: 225/55ZR17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	15/1/19	D.O.I.	2/4/19

Survey held at

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

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

Date / Time	Action / Instruction
5/4/19	4/5 @ 2200 (Rec 3083.40, 589)

RECEIVED 05 APR 2019

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 5/4 - typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 2200/2)

Survey Fee:	140
Transportation:	50
___S + RS, ___SI	50
Photos	36
Others	80
TOTAL	356