Surveyor: Taufik | REF: AXA

INSTRUCTIONS

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / IHV / MV

To be sent Vehicle No:

at Wan Chop to/c:

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.

$78K.

N/S	O/S
	X

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time: Action / Instruction

Veh No: SLV4685P 2017. Dec.

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

Make: Toyota. Axio. Hybrid C.C: 1496.

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

Sp.Reading: 98667 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NKE165 7144200

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / 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: 17/5/19

Survey held at: Esteem Performance.

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

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S.C.P.S.

Photos

Other

TOTAL

Date/Time File Return to?

Add Fee: : Site Insp ($

: Interview ($

: Tech. Invs ($

: Weekend ($

Report Format:

Lump Sum / I.B.I: ($