

80007
COB EXPIRY: 2623/jun

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PC 4039 H

at Workshop m/s THINK ONE

of 50, THAW AVE 11 #01-42

Insured: ASM (AXA)

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(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 Rpt:		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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: PC 4039H Yr Regn: 2008 / Jun

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

Truck / Trailer or

Make: ISUZU LT 134P C.C. 7790

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

Sp. Reading: 437899 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JALT134P T1000462

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 11R22-5

R: 310

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

TOYO / YOKO or AKATE

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 08/05/19

Rear

R/Bal. 8/8 mm

L/Bal. 8/8 mm

D.O.I. 24/05/19

Survey held at 50, THAS ME II

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

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

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee: : Site Insp (\$
$$) \quad S + RS, \quad SI$$

) Photos

) Others

)

TOTAL

Report Format :

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

☐ : Site Insp (\$

☐: Interview (\$

Tech. Invs (\$)

☐ : Weekend (\$)