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	SOV to 1	Claim No.	. Sgmot	rek	
Insured Vehicle N). :				-
Name of Insured	:	Policy No.			-
Insured Tel No.	:HP:	Make / Mod			-
Excess Sec II :S\$	D.O.A:	Place of Ac	cident:		
Is driver the owner	? (YES / NO) Nature of Acci				10
If NO, Driver Name / Age: Driver Tel No.: (V/L: YES / NO)			OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
Driver Tel	No.: (V/L: Y	(ES / NO) Insured Lia	Dility : 76 F	mar: Tes/No	
JHF 478	<u>D</u>	─			_
INSRS:	INSRS:	INSRS:		INSRS:	
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			n 1 7/ 1		
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ASS. REC. BY: Have He REF AXA	
	GNMENT
From: Date: Estimated Cost:	Veh No: SHF 4780 Yr Regn: 30 Sep 2014 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi) / Prime Mover / Truck / Trailer or
OD / TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh:	Make: Toyota Prius c.c 1798 Colour Make: Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Eng/No: C/No: JTDKN360805751792 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: (45 (5 R)
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. 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: Date / Time Action / Instruction	R:
Date/Time, File Pass to? : Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)S+RSSI Interview (\$) Photos Tech. Invs (\$) Others Weekend (\$)

TOTAL