REF:

ALG.

From: Date:	Veh No: SKE 18195. Yr Regn: 2018, Aug
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: RMW X/ c.c 1499
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading /358 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WBAJG(2060f 9 22966
Claims No.	Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
mune of von	Tyre Size: F: 225/50 R(8
(Dallar, Condition)	R: 7
(Policy Condition) Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRY SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	R/Bal. G mm R/Bal. G mm
IDAC Accident Rport: Consistent? : Yes or No	
GIA / PR Seen: Consistent? : Yes or No	10/10 2
Est. Repairs: days Res.: Yes or No	17/11
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	The IVO / Character frame / Badu Structure offeeted due to collision
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instituction	
	The same of the steel of
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)S+RSSI
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Som / LBJ: (\$:Weetend (\$
	TOTAL