Surveyor _Steve_ | REF: CC4/FC120006016/Eba3

From: Date:

Estimated Cost:

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: Excess:

(Client's Record)

Make of Veh:

(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 / PP. 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
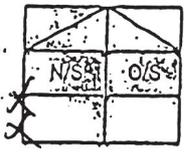
Veh No: **SMD 362E**   Yr Regn: **31/7/18**

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /
Truck / Trailer or

Make: Mercedes-Benz GLA 180   c.c **1595**

Colour Blue   A/C: Insured / (Std) / NI / NA

Sp.Reading 18110   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC 1569422J 508612

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modl : NII / (S/Rim) / STD A/Rim or

Tyre Size: F: 235/59R18
R:

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

Front		Rear	
R/Bal. 5	mm	R/Bal. 5	mm
L/Bal. 5	mm	L/Bal. 5	mm
D.O.A. 26/5/20		D.O.I. 29/5/20	

Survey held at   Nineteen Autowerks

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

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

Date / Time | Action / Instruction

MV - 104K

Date/Time, File Pass to? ☐ : Prell. Report

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Inv ($)
☐ : Weekend ($)

Survey Fee:

Transportation:
) _ $ + RS _ SI
) Night
) Others

TOTAL