	108851 /Qsf3 IGNMENT
From: Date:	Veh No: SLJ 5737 Yr Regn: 28/11 /2016
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: Honda Shuttle Hybrid c.c 1496
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading — T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: GP71043105 .
Claims No.	Gen. Cond: Good Fally / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder) Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
V . ~ ~	Tyre Size: F: 185 /60 R15
(Policy Condition)	R: (85/60 R15
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or Firehza
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 20/08/2020 D.O.I. 24/68/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at
	Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
MV.TC do6	V
MV.56,000	
NV: 16, 572	
10,000	
30/12/2020 @ 15:32PM CHECKED	O WITH SIM VIA PHONE CALL
PENDING SPARE PARTS & DELI	VERY BY AIR FLIGHT.
Date/Time, File Pass to? Preli. Report	Dave Of Penairs 45
.30/12/2020	Days Of Repair: 15
1) TYPIST : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
Date Fund, File Return to	
Add East	o:   Site Inen (\$ )   enpe er
2) Add Fee	: Site Insp (\$)s+Rs,si : Interview (\$) Photos

:Weel:end (\$

TOTAL

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