

INSURANCE

Date: _____
 Estimated Cost: _____
 CD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle Ho: _____
 at Workshop no: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 and 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 Report Consistent? : Yes or No
 GIA / PP Seen Consistent? : Yes or No
 Est. Repairs days Res: Yes or No
 Limit am % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Vehicle No: **SFL3328B** Reg No: **2016 August**
 Type: **M. Car** / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or
 Make: **Audi A4** c.c. **1395**
 Colour: **Grey** A/C: Insured / Std / NI / NA
 Sp Reading: **59886** T/Radio: Insured / Std / NI / NA

Eng/Ho: _____
 O/Ho: **WAU222F48GA111604**

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: **225/50R17**
 R: **225/50R17**

BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front Rear
 R/Bal: **06** mm R/Bal: **06** mm
 L/Bal: **06** mm L/Bal: **06** mm
 D.O.A. D.O.I. **30/09/20**

Survey held at **Premium**

Des. of Damages **Frnt** / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time: _____
 Action / Instruction: **TP ALG**

MV
 PV
 Nett

Date/Time File Path to: : Preli. Report
 : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Grid Fee: : Site Insp. (\$)
 : Interview (\$)
 : Photo Taking (\$)
 : Other (\$)

Transportation

