Date

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No

Wkshop 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.

N/S	O/S

Bal or Market Value

IDAC Accident Report: 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 Person Contacted:

Veh No SLN7699Y. of Regn 2017 / May.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Audi A4 c.c 1395.

Colour white. A/C: Insured / Std / NI / NA

Sp Reading 29485 T/Radio: Insured / Std / NI / NA

Eng/No.

C/No: WAUZZZF45HA129155

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 PIR

Front		Rear	
R/Bal	06 mm	R/Bal	06 mm
L/Bal	06 mm	L/Bal	06 mm
D.O.A.		D.O.I.	01/10/20

Survey held at Premium.

Des. of Damages: Frt / 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 Rec'd by:

by

Date/Time File Returned:

by

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add'l Fees: ☐ : Site Insp @$

☐ : Interview @$

☐ : Tel. Inq. @$

Survey Fee:

Transportation

Sms $

Phone

Others