

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____ \$300.00

Sum Insured: _____ Excess: 150

(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: \$53K 47k

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT Don

Veh No: SMM8475P Yr Regn: 2019, Feb

Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mitsubishi Atrage c.c. 1195

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 11441 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBS1A13AKH001119

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Mod: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/55R15 R: _____

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>19/10/20</u>

Survey held at LSC Puder 601

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
	P/P \$ 12,191.95/8 DAYS, FINALIZE WITH JOJO (\$ 4,801.61/RED - 28%)

Date/Time, File Pass to? 13/11/2020

☐ : Prel. Report

☒ : Final Report

1) TYPIST

Date/Time, File Return to?

2) _____

Days Of Repair: 8

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Photos

☐ : Others

Report Format: _____

Lump Sum / P/P \$ 12,191.95