OC.
PRS

From   Date

Estimated Cost

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

To Inspect Vehicle No

at Workshop m/s   MCS Auto

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: $3500 1500

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3   days   Res.:   Yes or No

Lum Sum: 20   %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

                              Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBG 4399 M Yr Regn. 17 Jul 2012

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

Make: Yamaha Jupiter MX cc 134

Colour Red   A/C   Insured / Std / NI / NA

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

Eng/No:

C/No: MH350C002CK360806

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

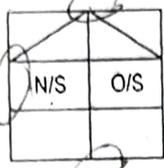Brake: Inorder / Jammed / Leaked / Burnt or

Modi :   Nil / S/Rim / STD A/Rim or

Tyre Size: F: 80/90 - 17
             R: 90/80 - 17

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

Front		Rear	
R/Bal. 4 mm		R/Bal. 4 mm	
L/Bal. 4 mm		L/Bal. 4 mm	

D.O.A. 08-03-21   W/S   D.O.I. 17-03-21   5:50 pm

Survey held at

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
	CoE : 227
	Got Body injured

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair:

1)   ☐ : Final Report   Resurvey No. of Trip: _____   Survey Fee: _____

Date/Time, File Return to?   Transportation:

2)   Add Fee: ☐ : Site Insp ($ _____) S + RS ___ SI

                                  ☐ : Interview ($ _____) Photos

Report Filed :   ☐ : Tech. Inve ($ _____) Other

Entup Sum / Update :   ☐ : Misc. Fee $ Total