

REF:

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Remark: The veh had commenced its repair at the time of inspection.

	
N/S	O/S

Bal. or Market Value:	_____		
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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SL43970C Yr Regn: 2017 / Nov

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

Truck / Trailer or

Make: Opel Motorker. c.c. 1598

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

Sp. Reading 285507 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NOLTD7ECHOB148756.

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: 205/65R16.

R: 205/65 R16.

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. 96 mm L/Bal. 96 mm

D.O.A. D.O.I. 28/07/21

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
	TPAIG.
	MV :
	PV :
	Nett:

☐ : Prel. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

Lump Sum / L.P.E.: 6

Add Fee:

Site Insp	(\$
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☐ Interview (3)

Tech. Invs (3)

Weekend (9)

Phonics

Others