

From: _____ Date: _____
 Estimated Cost: _____
 QD TP VS TP RES OD RES EVA INV MV
 To inspect Vehicle No: _____
 at Workshop m/s SPEEDWERKZ
 of _____
 Insured: PA 7160E
 Policy No. DMB1SNW00013572005
 Claims No. SNM21D204553/C02/THAMYL
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

<input checked="" type="checkbox"/>	
N/S	O/S

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

Bal. or Market Value: \$40k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBG 1660C Yr Regn: 21 Jun/2017
 Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NISSAN NV200 1.5 c.c 1461
 Colour Silver A/C: Insured / Std / NI / NA
 Sp.Reading 86472 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VSKEYBAM20Z0144521 *
 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: 175/70R14
 R: 175/70R14
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO YOKO
 Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm Rear 6 mm
 D.O.A. 16/8/21 D.O.I. 19-08-2021
 Survey held at _____ W/S 11AM
 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
	\$3000 - \$4000
	GIA GIVE LATER
20/8/21	Submit PRS, repair range \$3,000-\$4,000

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: _____

Date/Time, File Return to?
 2) 20/8/21-Typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	