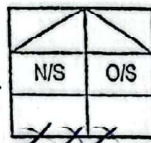


From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMF 5564X Yr Regn: 16/11/18
 Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Subaru Forester c.c. 1995
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 106334 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF18J5K656 117508
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/60R17
 R: 1

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>23/5/22</u>	D.O.I. <u>31/5/22</u>

Survey held at Motor Image
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-91K</u>
	Steve confirmed final fig : \$6389.08 / 7days
	(red. 6032.37, 49%)

Date/Time, File Pass to?

1) 16/11/22

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.F. (\$ 6389.08)

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL