

ASS. FLEC BY:

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:	<u> </u>	
IDAC Accident Rpt:	<u> </u>	Consistent?: Yes or No
GIA / PR Seen:	<u> </u>	Consistent?: Yes or No
Est. Repairs:	<u> 4 </u> days	Res.: Yes or No
Lum Sum:	<u> </u> %	3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Ergo.
	LS \$5500, 4 days. (Red \$15441.75, 74%)
	MV :
	PV :
	Nett :
	0341

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Form: MER-TP

8. ENTER THE DATE OF EXPIRATION

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$) 8 + Rs. \$1

Interview (8) Photos

	Tech. Inv. 6	Others
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