

REF: CS/CT122011767/Awp3

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 Rport: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMK1813C Yr Regn: 2019, March

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

Truck / Trailer or _____

Make: Toyota Sienta C.C. 1496

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

Sp. Reading: 71896 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: M4F228H3100063224

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modif: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/50R16

R: 195/50R16

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

Front
R/Bal. 06 mm
L/Bal. 06 mm
D.O.A. _____

Rear
R/Bal. 06 mm
L/Bal. 06 mm
D.O.I. 23/11/22

*Survey held at Twin Car

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
	TP <i>Chien</i>
	MV :
	PV :
	Nett:
	8856.

☐ : Prel. Report
☐ : Final Report

2)

Report Format :

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

Add Fee: ☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Insp (\$

Survey Fee:

Transportation:

Photos

Others