ASS. REC. BY: Kenneth

REF: CTL/2300105/KP

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Automotive Repair

of 05-18

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.

N/S	O/S
	0

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Date / Time	Action / Instruction
1)	
2)	

Date/Time, F4a Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Add Fee:

Report Format :

Lump Sum / I.B.I: ($ _____)

MENT

No: SLH 3989B Yr Re 11 16

M.Car / M.Cycle / Bus / Van / Lorry / Taxi

Truck / Trailer or _____ MPV

Toy Wish 1798

Colour M. Gold A/C: NIL / NA

Reading 174706 T/Radio: NIL / NA

No: _____

JTDGG20WX0J005386

Cond: Good / Fair / Poor / Burnt

Locking: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Rim: NIL / S/Rim / STD A/Rim or

Size: F: 195/65R15

R: _____

DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU

TOYO / YOKO or

	Front		Rear
L.	9 mm	R/Bal.	9 mm
	9 mm	L/Bal.	9 mm
	26/1/23	D.O.I.	20/3/2023

held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / F

O/S Rear

e U/C / Chassis frame / Body Structure affe

ision.

Repair: _____

No. of Trip: _____ Survey Fee: _____

Transportation: _____ $ - RS. _____ Sl

e Insp ($ _____)

rview ($ _____) Parking

h Invs ($ _____) Others

ekend ($ _____)

TOTAL