

REF:

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 Rpt#: _____ 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: SMH-80213 Yr Regn: 2018 / NOV

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

Make: Mazda 3 C.C. 1496

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

Sp.Reading 108804. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN22A8K0249059

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: 205/60R16-
R: 205/60R16.

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

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A. _____		D.O.I. <u>27/03/23</u>	

*Survey held at Modern.

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 Rego.
	MV :
	PV :
	Nett:
	279c

☐ : Prel. Report
☐ : Final Report

Resurvey No. of Trip:

Transportation:

2)

REFERENCES

Add Fee: : Site Insp (\$

☐ Interview (\$)

Tech. Invs (3)

 S + RS. SI

Photos

Chen