

S. REC. BY:

REF:

TU
GRB / 23 0020721Kp

Kenneth

Date: _____

Estimated Cost: _____

(P) W/S / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No: _____

Workshop m/s: 1 Hai Yang

OMC

Insured: _____

Policy No. _____

Claims No. _____

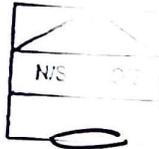
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Balance Market Value: 8132K
IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lump Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: _____

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report

: Final Report

Date/Time, File Return to?

Add:

Report Format:

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

IDENT

No: SNH 42657 10 22

Car / M.Cycle / Bus / Van / Lorry / Truck / Trailer or

Truck / Trailer or

Honda Verel

1496

Color: M-Grey

Registration No: 15289

Make:

Model:

RV3

1008697

Cond: Good / Fair / Poor / Burnt

Eng: In order / Jammed / Leaked / Burnt

Tr: In order / Jammed / Leaked / Burnt

Steer: Nil / S/Rim / STD A/Rim or

Size: F: _____

215/60R16

R: _____

EXNOVA / GY / FS / LIZA / MIC / ORION

YOKO or

9 mm

9 mm

14/3/23

Rear

F/Bal:

L/Bal:

D.O.I.

9

9

2013 2023

Service held at

Damages: Frt / Rear / O/S / N/S / U/O

U/C / Chassis frame / Body Structure

Pair: _____

No. of Trip: _____

Survey Fee

Transportation

Inspection (\$ _____)

Review (\$ _____)

Invo (\$ _____)

Send (\$ _____)

TOTAL