REC. BY:

REF: AIS / 23002829/KP

Kenneth

Date:

Estimated Cost:

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

To inspect Vehicle No:

at workshop m/s Trans Cab

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / Accident Scen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle:

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Prelim. Report

: Final Report

Report Format :

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

ENT

No: SHO9797J Yr Regn: 09 20

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

Truck / Trailer or

Toy Prius (A)

c 1798

M.P. White / Pw

A/C: Insure NA

Reading 213212

T/Radio: Insure NA

JTDKB3FU503092073

Good / Fair / Poor / Burnt

Inorder / Jammed / Leaked / Burnt or

Inorder / Jammed / Leaked / Burnt or

Nil / S/Rim / STD A/Rim or

F: 195/65R15

R:

EXNOVA / GY / FS / LIZA / MIC / OHT / PIR

OKO or Wanli

9 mm

9 mm

Rear

R/Bal. 7

L/Bal. 7

7/3/23

D.O.I. 20/3/2023

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

Rear o/s

/ Chassis frame / Body Structure affected

Repair:

No. of Trip:

Survey Fee

Transportation

Insp ($)

$ - RS.

View ($)

Files

Revs ($)

Others

($)

TOTAL

Add