REC. BY: Kenneth

REF: 012 /

Date:

Estimated Cost:

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

Suspect Vehicle No:

Workshop m/s: Trans Cab

Insured:

Policy No.

Claim No.

Sum Insured: Excess:

(Claimant's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / SR Seen: Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle:

| Date / Time | Action / Instruction |
|---|---|
| | L/Rep @170d |

Date/Time, Pass to?

1)

Date/Time, Return to?

2)

☐ : Preli. Report

☐ : Final Report

Add Fee:

Report Format :

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

ENT

SHD 363L Yr 03 16

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

Truck / Trailer or (A)

Renault Latitude 1995

M. White/Red A/C: Insured NA

Engine 591090 T/Radio: Insured NA

VF1ABL15AUC 002727

Good / Fair / Poor / Burnt

Inorder / Jammed / Leaked / Burnt or

Inorder / Jammed / Leaked / Burnt or

Alloy / S/Rim / STD A/Rim or

Goodyear 215/60R16

EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / YOKO or

| | | | |
|---|---|---|---|
| 9 mm | | Rear R/Bal. | 7 mm |
| 9 mm | | L/Bal. | 7 mm |
| 20/3/23 | | D.O.I. | 21/3/23 |

Repaired at

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

Chassis frame / Body Structure affected

Repair:

No. of Trip:

Survey Fee:

Transportation

Trip ($ )

Review ($ )

Invs ($ )

Hand ($ )

$ - RS. $

Fees

Others

TOTAL