SS. REC. BY: MCCCLS REF: CCY/ AS	SM 2300348/4793
	GNMENT
From: Date:	Veh No: FE f 337 Yr Regn: 24/06/27 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD I P WS/TP RES/OD RES/EVA/INV/MV	1.2.1. 11112 147
To Inspect Vehicle No: FE 8337	Make: SCICILI FUID C.C / 7 / A/C: Insured / Std / NI / NA
at Workshop m/s Surfice	Colour S/ack
of	Sp. readility / 10 / 10
Insured: SHB 4338U	Eng/No:
Policy No.	CINO: PRLDL 1/FZN0/036/0
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STRim / STD A/Rim or
, m	Tyre Size: F: 70 - 50 - 17
(Policy Condition)	R: 80-80-17
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value: RM 7900	Front Rear 7
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. / mm R/Bal. / mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 22/03/23 D.O.I. 29/3/23
Lum Sum: % 3 Val.: Yes or No	Survey held at
1619	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	NS 33 dy
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Noff & 240?	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	
7	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$

TOTAL