

**INVOICE**  
**INSURANCE SURVEY REPORT**  
**Pre-Insurance Survey**

Bill No.

Dated:

<p><b>MOTOR</b></p> <p>Name of Insured:</p> <p>Address:</p> <p>Contact Person:</p> <p style="text-align: center;"><b><u>Particulars of Insured Item</u></b></p> <table style="width: 100%;"><tr><td style="width: 50%;">Registration #:</td><td style="width: 50%;">Model:</td></tr><tr><td>Engine #:</td><td>H.P/C.C:</td></tr><tr><td>Chassis #:</td><td></td></tr></table>  <p>Professional Fee:</p> <p>Travelling:</p>	Registration #:	Model:	Engine #:	H.P/C.C:	Chassis #:		
Registration #:	Model:						
Engine #:	H.P/C.C:						
Chassis #:							
Rupees:	Total:						

NTN No. : 2734165-8 (Filer)

**Accepted Methods of Payment**

P/O in the name of "Prism Surveyors (Pvt) Ltd

**FOR Prism Surveyors (Pvt) Ltd.**

Invoice/Payment Queries: 92 (21) 35293363-64

Email: [accounts@prismsurveyors.com](mailto:accounts@prismsurveyors.com)

URL: <http://www.prismsurveyors.com>

Please our terms are strictly payment in full within 30 days of the invoice date.