

Partial Loss Survey

Dated:

MOTOR					
Name of Insured:					
Loss #:					
App ID:					
Policy #:					
Validity From:		To:			
<u>Particulars of Insured Item</u>					
Registration #:					
		Model:			
Engine # :		H.P/C.C:			
Chassis # :					
Professional Fee:					
Re-Inspection Fee:					
Snapshots:					
Rupees:		Total:			

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

Exventure Group

HYDERABAD: House # E-67 1280/B,
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