INVOICE INSURANCE SURVEY REPORT

Partial Loss Survey

Bill No.		Dated:
	MOTOR	
	Name of Insured: Loss#: App ID: Policy #: Validity From:	To: Particulars of Insured Item
	Registration #: Engine #: Chassis #:	Model: H.P/C.C:
	Professional Fee: Re-Inspection Fee: Snaps:	
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

RL: http://www.prismsurveyors.com

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