**EF*:CS/INC24100254/Anh3 (SMX 2832Y)

	ASS	IGNMENT
Front :	Date:	Veh No: SMX2832/TRegn: 2021, Jan.
Estin → Kost		Type M.Car M.Cycle / Bus / Van / Lony / Taxi / Prime Mover /
OD / PISTP RES / OD RES / EVA / INV / MV		Truck/Trailer or
To InEkhicle No:		Make: 1040ta CHR 0.0 1797
at World	ls ·	Colour Blue A/C: Insured / Std / NI INA
Of		Sp.Reading 232120 T/Radio: Insured / Std / WI / NA
Insured:		Eng/No:
Policy No		C/No: ZYX102126877:
Claims IN		Gen. Cong. Good Fair / Poor / Burnt
Sum Ensue: Excess:		Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Acord)		Brake: morder / Jammed / Leaked / Burnt or
Make of Vac		Modi: Nil S/Rim STD A/Rim or
*** D. C.		Tyre Size: F: 215/60R17-
(Policy Condition)		R: 215/60R17
Remark: The veh had commenced its N/S O/S spair at the time of inspection.		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
X 2000 000 000 000 000 000 000 000 000 0		TOYO/YOKO OF FILENZS.
Bal. or Marter Value: IDAC Accident Rport: Consistent? : Yes or No		Front Rear R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No		1/201
Est. Repairs days Res.: Yes or No		D.O.A. D.O.I. 15/10/24
Lum Sum: % 3 Val.: Yes or No		Survey held at 7win Car.
CA / REV / REP. / 24 HRS		Des. of Damages : Frt / Rear / O/S (NS) / U/C / Rooftop or
Vehicle: IN / OUT Date:Person Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	Action / Instruction	9000
	1PINC.	COE Expiry:
	30'00 AA'10 \$28'20 T863'00	
	my .	Estimate given during: Yes Cos
	MV:	1st Survey Noc)
	Nett:	20'00 7000 00 200000
Adrian confirmed lump sum \$3800 and 5 days		and 5 days
(red, \$12251.5, 76%)		
Daterine, File Pass to? : Preli. Report		Days Of Repair: 5
1) : Final Report		Resurvey No. of Trip: Survey Fee:
Date/line, File.Return to?		Transportation:
Add F		Site Insp (\$) 8+R8\$I
		is fortiment of the first of th