

From _____ Date: _____
 Estim ~~est~~ cost: _____
 OD / ~~PMS~~ ITP RES / OD RES / EVA / INV / MV
 To In ~~S~~^{se} Vehicle No: _____
 at W/O ~~I~~^{ing}/m/s _____
 or _____
 Insured: _____
 Policy File _____
 Claims File _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)

	
N/S	O/S

Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

1. 1990年12月1日