(08/11/53)	REF: AND		*
BIMEUR:		OLONACNO	
	AS	SIGNMENT	
From:	Date: 18/4/2016		
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lo	rry / Taxi / Prime Mover /
OD (TP I WS / TP RES / OD RES /	EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: GV	1 55 63 (c.c 2963
at Workshop m/s EM		colour =nlverz	A/C: Insured / Std / NI / NA
of		Sp.Reading 2/8563.	T/Radio: Insured / Std / NI / NA
Insured:	2	Eng/No:	
Policy No.		CNO: JNIMBILE 25	526700583.
Claims No.		Gen. Cond. Good / Fair / Poor / Burnt	•
Sum Insured:	Excess:	Steering: Interder / Jammed / Leaked /	Burnt or
(Client's Record)	**************************************	Brake: Inorder / Jammed / Leaked /	Burnt or
Make of Veh:	11	Modi : Nil / S/Rim / STD A/Rim or	-
	3	Tyre Size; F:	·
(Policy Condition)		R:	15/80/45
Remark: The veh had commenced	d its N/S O/S		MIC / OHTSU / PIR / SUMI /
repair at the time of insp	pection.	TOYO YOKO or	
Bal. or Market Value:		Front	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. mm	R/Bal. 6 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm	L/Bal. 8 mm
Est. Repairs:days	Res.: Yes or No	D.O.A. 24/03/2016.	D.O.I. 38(312016
Lum Sum:%	3 Val.: Yes or No	Survey held at	12.16,
CA / REV / REP. / 24 HRS	wp1	Qes. of Damages : Frt / Rear / O/S	N/S / U/C / Rooftop or
The second of th	Vehicle: IN / OL		Ot at the effect of the to collicion
Date: Person Con	With the second	The U/C / Chassis frame / Body	Structure affected due to collision.
Date / Time Action / Instruction	on		The state of the s
	4		(*)
		E Company of the Comp	
	(2) Sa		
	P		
			*
The state of the s		A	
Date/Time, File Pass to?	rell. Report	Days Of Repair:	
1) : Fi	nal Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?	1887 - 188 palvon-40		Transportation:
2)	Add F)S + RS,SI
		: Interview (\$) Photos
Report Format :		: Tech. Invs (\$	