08/11/13)	0	REF:
Surveyor:	CASON	IXLI.

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E (o r	 n.

All	SSIGNMENT	
From: Date:	Veh No: PA 8647L Yr Regn: 2009 / FEB	
Estimated Cost:	Type: M.Car / M.Cycle (Sus / Van / Lorry / Taxi / Prime Mover /	
OD / TP //WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: [8uzu LT 134 P c.c 7790	
at Workshop m/s	Colour Mac (A/C: Insured / Std / NI / NA	
of	Sp.Reading 289 434 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: 34LLT134P8760003.3	
Claims No.	Gen. Cond: Good / Pai/ Poor / Burnt	
Sum Insured: Excess:	Steering: Morder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Vorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Kill I S/Rim / STD A/Rim or	
	Tyre Size: F:	
(Policy Condition)	R: 0 P	
Tomain. The formal commences its	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO or	
Bal. or Market Value:	<u>Front</u> <u>Rear</u>	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 8 mm	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 8 mm L/Bal. 8/8 mm	
Est. Repairs: days Res.: Yes or No	D.O.A. 15/11/17 D.O.I. 11/04/18	
Lum Sum: % 3 Val.: Yes or No	Survey held at SC MMV	
CA / REV / REP. / 24 HRS Vehicle: IN / 0	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
Final Papart	Resurvey No. of Trip: Survey Fee:	
1) : Final Report Date/Time, File Return to?	Transportation:	
AbA		
2) Aug	: Interview (\$) Photos	
Report Format :	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$:Weekend (\$	
	TOTAL	