OSM1M3) Wef ASS. REC. BY: May cus REF:	ALL	
	ASSIGNMENT	
9		667 Yr Regn: 101 14
From: Date: Estimated Cost:	Veh No: 770 / 700	
DD TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	1
To Inspect Vehicle No: 54 E 9966 1		2 BIFO 0.0 1595
at Workshop m/s	Make: Mer Beh	
of	Colour Gu	A/C: Insured / Std / NI / NA 77 T/Radio: Insured / Std / NI / NA
nsured;	Sp.Reading 5707	// I/Radio. Insured / Std / NI / NA
Policy No.	Eng/No:	2/12/62245
Claims No.	C/No: W) 7	24624°22J2f7f37
		/
	Steering: leord / Jammed / Leo	
(Client's Record) Vake of Veh:	Brake: Morder / Jammed / Le	
mino di VOIS.	Modi: Nil(/S/De/m / STD A/R	im or
(Boliou Condition)	Tyre Size: F:	2 2 2 /
(Policy Condition) Remark: The veh had commenced its N/S	V C	208/55-218
repair at the time of inspection.	O/S BS DUN / EXNOVA / GY / FS /	LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO / YOKO or	
Ball. or Market Value:	Front	Rear
DAY Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm	R/Balmm
A / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm	L/Bal. 6 mm
Est. Repairs:days Res.: Yes or No	D.O.A. 9/2/18	D.O.I. 25/4/16
.um Sum: % 3 Val.: Yes or No	Survey held at	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear	O/S / N/S / U/C / Rooftop or
Vehicle: IN / Person Contacted:		OS.
Date / Time Action / Instruction	The U/C / Chassis frame /	Body Structure affected due to collision.
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	ž.	
ate/Time, File Pass to? : Prell. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip:	Survey Fee:
oate/Time, File Return to?		Transportation:
Add	Fee: Site Insp (\$)S ÷ RS,SI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
.ump Sum / I.B.I: (\$)	: Weekend (\$	
		TOTAL