ASSIGNMENT

From:	Date:	26/3/18	Veh No. GRF8438D	Yr Regn: 4, 17
Estimated Cost:		201010	Type: M.Car / M.Cycle / Bus / Van / Co	orry / Taxi / Prime Mover /
OD TP WS TP RES OD RE	S / EVA / INV /	MV	Truck / Trailer or (M)	
To Inspect Vehicle No:	GBE 0	1439D	Make: /Suzu N	MR 84 c.c. 2989
at Workshop m/s	an Lim	Motor	Colour whole Shu	A/C: Insured / Std / NI / NA
of 51	DeRi	Leine 10	Sp.Reading 23411	T/Radio: Insured / Std / NI / NA
Insured:	ocjai	0 3 10 2 10	Eng/No:	
Policy No.			C/No: JAANHR&	KEH 7100049
Claims No.			Gen. Cond. Good / Fair / Poor / Burnt	
Sum Insured:	Excess:		Steering: Inerder / Jammed / Leaked	/ Burnt or
(Client's Record)			Brake: Inforder / Jammed / Leaked	/ Burnt or
Make of Veh:			Modi S/Rim / STD A/Rim or	
			Tyre Size: F: /F-	8/75005
(Policy Condition)			R: / 4_C	- 12/3
Remark: The veh had commen		N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /
repair at the time of in	nspection.		TOYO/YOKO or	
Bal. or Market Value:			Front	Rear
IDAC Accident Rport:	Consistent?	Yes or No	R/Bal. 6 mm	R/Bal. 6/6 mm
CIA/ DR Seen:	Consistent?	Yes or No	L/Bal. 6 mm	L/Bal. 0/ 6 mm
Est. Repairs: da	ays Res.:	Yes or No	D.O.A.	D.O.I. 26/5/18
Lum Sum: % 3 Val.: Yes or No Surve			Survey held at	
CA / REV / REP. / 24 H	RS Wp)	67832	Des. of Damages : Frt / Rear / O/S	/ N/S / U/C / Rooftop or
		Vehicle: IN / OUT	U/SiRea	
	ontacted:		The U/C / Chassis frame / Body	y Structure affected due to collision.
_Date / Time   Action / Instruction				
-				
Dafe/Time. File Pass to?	Preli. Repor	rt I	Days Of Repair:	
1) :	Final Repor	t I	Resurvey No. of Trip:	Survey Fee:
Date/Time File Return to?				Transportation
2)		Add Fee		)S+RSSI
		1.	Interview (\$	) Photos
Report Format :			Tech Invs (\$	) Others
Lump Sum / I.B.I: (S		).	Weekend (\$	
				TOTAL