Smeyor	
AS	SSIGNMENT
From: Date:	Veh No: 50477984, Yr Regn: APD 2
Estimated Cost:	Type: M.Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: TOYOTA ACTIS. c.c 159
at Workshop m/s	Colour Scutter A/C: Insured / Std / NI /
of	Sp.Reading 56079 T/Radio: Insured / Std / NI /
Insured:	Eng/No:
Policy No.	C/NO: WROSZREHIOYOGSZX
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD A/Rim or
	Tyre Size: F: SCOTTIFE
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal.
GIA / PR Seen: Consistent?: Yes or No	L/Bal.
Est. Repairs: days Res.: Yes or No	D.O.A. 14/64/2018 D.O.I. 79/64/20
Lum Sum: % 3 Val.: Yes or No	Survey held at
	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / C	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
. Freil: Keport	Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return to?	Transportation:
2) Add I	
-1	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
Lump Jum / L.D.A. (4	TOTAL .