From: Date: 11-0b1018 Veh No: \$363355 Yr Regn: Vol 4 / 7 Type: McGr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Type: McGr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Whose Gr / S at Workshop m/s Volks wa gen Colour Bue A/C: Insured / Std / N		AS	SIGNMENT
Type: McGr M. Cycle Bus Van Corry Taxi Prime Mover Truck Trailer or Make:			
Truck / Trailler or Make: Willows of Color M	From:	Date: 1(-06)018	Veh No: 5 J (3 5 5 5) Yr Regn: 7 7 / 7
To inspect Vehicle No: SJL 3335T To inspect Vehicle No: SJL 3335T of sylic Workshopm's Volke Wagen of Sylic No. Sylic No. Sylic No. Claims No. Sum insured: Excess: Sylic No. Claims No. Sum insured: Sylic No. Claims No. Sum insured: Sylic No. Claims No. Sum insured: Excess: Sylic No. Claims No. Sum insured: Sylic No.	Estimated Cost:		- //
Colour Suz AIC: Insured / Std / N of Data Altranto Rd of Data Altr	OD / TP WS / TP RES / C		
Insured: Policy No. Claims No. Sum Insured: Policy Record) Make of Veh: Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: COnsistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No CLum Sum: 96 3 Vall: Yes or No CA / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Sp. Reading 7 1 0 2 Tr. Radio: Insured / Std / N Eng/No. C.No: W/W TET My Zefw J 6 M Gen. Cond: 6669 / Fair / Poor / Burnt or W/W Stering: Inorder / Jammed / Leaked / Burnt or Modi: Nil / SrRim / STD A/Rim or Tyre Size: R: 2 2 7 4 7 7 7 R: BS / DUN / EXNOVA / GY / FS / LiZA / MIC OHTSU / PIR / SUMI TOYO / YOKO or Front R/Bal. Bear	To Inspect Vehicle No:	SJh 3335]	
Insured: Policy No. Claims No. Sum Insured: Excess: Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Bal. Again: Bas. Yes or No Lum Sum: 9, 3 Val.: Yes or No Lum Sum: 9, 3 Val.: Yes or No Date: Person Contacted: Date / Time Action / Instruction Eng/No. C/No. UVW ZEZ LAMZ FW JEW JEW JEW JEW JEW JEW JEW JEW JEW JE	at Workshop m/s	Volkswagen	
Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GlA / PR Seen: Consistent?: Yes or No Lum Sum: 96 3 Vali: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Instruction EngNo: C/No: W/W ZEZ My Z-fw30606 Gen. Cond: 6609 / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Modi: Nil / Sirim / STD A/Rim or Tyre Size: F: 22 S/45 / U.7 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI TOYO / YOKO or Front R: RBal. C mm R/Bal. LBal. D.O.A. D.O.I. Survey held at Des. of Damages: Frt / Rear / OIS / NIS / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to Date / Time Action / Instruction Date: Person Contacted: Date / Time Action / Instruction Date: Sitte Insp (\$) Survey Fee: Transportation: Add Fee: Sitte Insp (\$) Survey Fee: Transportation: Add Fee: Sitte Insp (\$) Shoos	of	247 Alexandra Rd	Sp.Reading 7102 T/Radio: Insured / Std / N
Claim's No. Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or	Insured:		Eng/No:
Claim's No. Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or	Policy No.		C/NO: WWW ETZ MYZEWOZ6 89
Client's Record) Make of Veh: Collect's Record) Collect's Record Co			
Client's Record) Make of Veh:	Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Modi: Nill S(Rim / STD A/Rim or Tyre Size: F: 27 5 / FS / LUZA / MC OHTSU / PIR / SUMI TOYO / YOKO or Event at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time			Brake: Inovder / Jammed / Leaked / Burnt or
Tyre Size: F: 2.7 S A TU T Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time			Modi: Nil / S/Rim / STD A/Rim or
Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction RESULTIME, File Pass to? Date: Preli. Report 1) Date/Time, File Return to? Add Fee: Site Insp Site Insp Sp / DUN / EXNOVA / GY / FS / LIZA / MiC OHTSU / PIR / SUMI TOYO / YOKO or Front Rear R/Bal. G mm R/Bal.		10cm	Tyre Size: F: 2754×NJ
Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR. Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time	(Policy Condition)	TUUT	
repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time		nmenced its N/S O/S	
Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date / Time Action / Instruction Date / Time Action / Instruction Date / Time Survey Repair: The U/C / Chassis frame / Body Structure affected due to a contact of the			
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction Cate / Time Action / Instruction Cate / Time Action / Instruction Cate / Time Consistent?: Yes or No Date / Time Consistent?: Yes or No Cate / Rev / Rep. / 24 HRS Vehicle: IN / OUT Date / Time Action / Instruction Cate / Time Contacted: Date / Time Consistent?: Yes or No Survey held at Vivia			
Consistent? : Yes or No L/Bal. D.O.A. D.O.I. Cr / G / F.		1-11	DID G
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date/Time, File Pass to? Prelli. Report Press to Press			L/Dal
Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date / Time, File Pass to? 1) Date/Time, File Return to? 2) Survey held at VW MurauM Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to or Date/Time, File Pass to? 1) Date/Time, File Return to? Add Fee: Site Insp (\$ Survey Fee: Transportation: Add Fee: Site Insp (\$ Servey Fee: Transportation: Servey Fee: Transportation: Servey Fee: Transportation: Servey Fee: Transportation: Servey Fee: Servey Fe			
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date/Time, File Pass to? : Preli. Report 1: Final Report 2: Final Report 2: Preli. Report 3: Site Insp. File Return to? 2: Site Insp. (\$			()/()
Date: Person Contacted: Vehicle: IN / OUT Date / Time	Lum Sum:	% J Val., Tes OF NO	
Date / Time Action / Instruction Date / Time Action / Instructi	CA / REV / REP. /		
Date / Time		Vehicle: IN / OU	
Date/Time, File Pass to? : Preli. Report Days Of Repair: 1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: : Site Insp (\$			The U/C / Chassis frame / Body Structure affected due to d
1) Survey Fee: Date/Time, File Return to? Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
1)	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
1) Survey Fee: Date/Time, File Return to? Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
1) Survey Fee: Date/Time, File Return to? Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
1)	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
1) Survey Fee: Date/Time, File Return to? Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
1) Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSI Interview (\$) Photos	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
1) Survey Fee: Date/Time, File Return to? Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSI : Interview (\$) Photos	Date: Per	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to d
2) Add Fee: : Site Insp (\$)s+Rssi : Interview (\$) Photos	Date: Per Date / Time Action /	Instruction	
: Interview (\$) Photos	Date / Time Action / Date/Time, File Pass to?	: Preli. Report	Days Of Repair:
	Date / Time Action / Date/Time, File Pass to?	: Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Report Format: : Tech. Invs (\$) Others	Date / Time Action / Date/Time, File Pass to? 1) Date/Time, File Return to?	: Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Name and the second sec	Date / Time Action / Date/Time, File Pass to? 1) Date/Time, File Return to?	: Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: ee:: Site Insp (\$