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FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Payee 1:

Date/Time:

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Confirm with:

Name 1:

Name 2:

Name 3:

Email

CC4/111 180 (0618, Mea3 LKK:

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REF:	10628 Meas gurk
ASS	SIGNMENT
From: Date: c	Veh No: 588 3386T Yr Regn: 2014 / My
Estimated Cost:	Type: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /
DD/TP/WS/TP RES/ OD RES/ EVA/INV/ MV	Truck / Trailer or
To Inspect Vehicle No: SBS 3386T	Make: Vowo BATL9.4L c.c 9360
at Workshop m/s Towas Transij	Colour A/C: Insured / Std / NI / NA
of 21, fruin Dr	Sp.Reading 219077 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: 40384P92XEA166135
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorda / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Vifty S/Rim / STD A/Rim or
	Tyre Size: F: 275 70822.5
(Policy Condition)	R: 4 2 00
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	1 TOYO / YOKO OF CONTINENTAL
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 8 mm L/Bal. 9/8 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 18 05 18 D.O.I. 12 06/8
Lum Sum: % 3 Val.: Yes or No	Survey held at Toute TRR4517
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / Ols / N/S / U/C / Rooftop or
Vehicle: IN / OU	
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 Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation
Add Fe	ee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	TOTAL