REF:	
ASSIGNMENT	
Estimated Cost: OD / TP //WS / TP RES / OD RES / EVA / INV / MY	Veh No: SKC 8(IG Yr Regn: 201 / Jun Type: NCOr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No: at Workshop m/s	Make: MASCRATI QUATROPORTO c.c 4244 Colour RAC: Insured / Std / NI / NA
of Insured: Policy No.	Sp.Reading 131489 T/Radio: Insured / Std / NI / NA Eng/No: C/No: ZAM FK 39C 0000 5 7 9 66
Claims No. Surn Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt Steering (Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil (S/Rim / STD A/Rim or Tyre Size: F: 245 \ 45 \ 7 \ R \ 18
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	R: BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
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	Front Rear R/Bal. mm R/Bal. mm L/Bal. L/Bal. mm mm D.O.A. 25/05/18 D.O.I. 18/05/18
Lum Sum: % 3 Val.: Yes or No	Survey held at MoThRMM
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted:	Des. of Damages: Frt / Rear / O/S / U/C / Rooftop or 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:	
1) 213 Type File Return to? Add Fee:	esurvey No. of Trip: Survey Fee: 140+240 Fransportation 50 Site Insp (\$) S+RS SI 50
Report Format: Lump Sum / I.B.I: (\$ \lambda_i \cdot \c	: Interview (\$) Phd \$ 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15

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fora: