ASSIGNMENT Veh No: Sy G 3266A yr Regn: / / / / / / / / / / / / / / / / / / /		REF: ASA	(AXA)	11191 We	(0)
Selection of the select	Inventor			1	7
Statistical Cost: D TP WS FTP RES FOD RES EVA INV MV or inspect Vehicle No: SS 1245 E Workshop m/s Trace EuroNor'S S Ubi (lose SD Reading 744				22//4	
ACC Insured / Firm Mover / Truck / Trailer or Co. / 9.3	rom:	Date: 250620	Veh No. S	G 5 66A	Yr Regn: / / / /
Inspect Vehicle No. STATE FUNDORS Colour Cult AC. Insured / Std / NI / N Sp. Reading / 1 / 1 6 Trans Fundors Sp. Reading / 1 / 1 6 Trans Fundors Sp. Reading / 1 / 1 6 Trans Fundors Sp. Reading / 1 / 1 6 Trans Fundors Sp. Reading / 1 / 1 6 Transic Insured / Std / NI / N Eng/No. C/No. JM6 Cw 10 7 H D (1 / 6 6 f) Eng/No. Sp. Reading / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /			Type: Mear / M	.Cycle / Bus / Van / L	.orry / Taxi / Prime Mover /
Workshop m/s Trans Europears Colour Cut-file ArC: Insured Std NI NI NI NI NI NI NI N	TP/WS/TP RES/OD	RES / EVA / INV / MV	Truck/T	railer or of	
Survey Reading / T.V. S. F. Reading / T. Fadio: Insured / Std / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / NI / N. S. P. Reading / T. Fadio: Insured / Std / NI / N	o Inspect Vehicle No:	9JS 128/E	Make:	ierbe C-	c.c /99
Survey Fee: Surve	Workshop m/s	Trans Eunikar	S Colour	chete	A/C: Insured / Std / NI / NA
CiNo: SM6CW 1071H D 1 1 66 6 6		5 Ubi Mose	Sp.Reading	12436	T/Radio: Insured / Std / NI / NA
See	sured:		Eng/No:		4
Segont Format : Second Sad Fair Poor Burnt Steering: In Second Sad Fair Poor Burnt or	olicy No.		C/No:	JM6CW	107/40126686
Cilent's Record Cilent's R	laims No.		Gen. Cond: Geo		
Modi Nil Strim StD A/Rim or	um Insured:	Excess:	Steering: In Steering:	} / Jammed / Leaked	d/Burnt or
(Policy Condition) White the veh had commenced its repair at the time of inspection. al. or Market Value: Consistent?: Yes or No In Present: Consistent?: Yes or No St. Repairs: days Res.: Yes or No St. Repairs: A / REV / REP. / 24 HRS Person Contacted: Person Contacted: Date / Time Action / Instruction Type Size: R: 2 8 5 / Gr / R / R / R / R / R / R / R / R / R /	(Client's Record)		Brake: Inord	Jammed / Leaked	d/Burnt or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Sal or Market Value: Consistent?: Yes or No Consistent?: Ye	lake of Veh:		Modi: Nil/3	Rim / STD A/Rim o	or
Repair at the time of inspection. R: 2		Lom .	Tyre Size:		,
repair at the time of inspection. Sal or Market Value: CONSISTENT: Yes or No DAC Accident Rport: CONSISTENT: Yes or No DAC Accident Rport: CONSISTENT: Yes or No DAC Accident Rport: CONSISTENT: Yes or No DAC A REPUBLIA SALICATION SURVEY HAVE ACTION TO THE LIFE TO THE LABOR	(Policy Condition)	_		R: 20.	5-15-5-11
Add Fee: Steport Format : Consistent? : Yes or No Consistent? :			I/S O/S BS DUN / EXM	NOVA / GY / FS / LIZA	A / MIC / OHTSU / PIR / SUMIT
DAC Accident Rport: Consistent?: Yes or No DAC Accident Rport: Consistent Report: Consisten	repair at the time		(очо) чоко) or	
Consistent?: Yes or No Sist Repairs: days Res.: Yes or No Sist Repairs: days Res.: Yes or No Sum Sum: % 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collist Date / Time Action / Instruction Action / Instruction Action / Instruction	al. or Market Value:	\$ 100K.	Front	/	Rear 6
ist Repairs: days Res.: Yes or No It was rest.: days Res.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS	DAC Accident Rport:	Consistent? : Yes or No	R/Bal.) mm	R/Bal. mn
Add Fee: Survey held at Des. of Damages : Frt Rear O/S N/S U/C Rooftop or	SJA / PR Seen:	Consistent? : Yes or No	L/Bal.) / mm	L/Bal. O mp
Date Person Contacted: Person Contacted: Person Contacted: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision	Est. Repairs:	days Res.: Yes or N	D.O.A.	5/18	D.O.I. 25/6/1
Vehicle: IN / OUT Date / Time	.um Sum:	% 3 Val.: Yes or N	Survey held at	'	
Date / Time Action / Instruction Action / Instruction	CA / REV / REP. / 2	4 HRS 217 57	Des. of Damage	es : Frt / Rear / O/S	I N/S / U/C / Rooftop or
Date / Time	Date				(
ate/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee: Transportation: Transportation: Transportation: Interview (\$ Photos Photos Tech. Invs (\$ Others Tech. Inv			The U/C /	Chassis frame / Boo	dy Structure affected due to collisio
Survey Fee: Coate/Time, File Return to? Survey Fee: Transportation: State Insp. (\$)S+RSSI					
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Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos : Tech. Invs (\$) Others	ate/Time, File Pass to?	: Preli. Report	Days Of Repa	ir:	
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	ump Sum / I.B.I: (\$)	: Weeks	and (\$)