ASSI	GNMENT
From: Date:	Veh No: SDX 61A. Yr Regn: 206 / Feb.
Estimated Cost:	Type M.Car) 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 Harrier. c.c 1986. Colour Silves - A/C: Insured/Std/NI/NA
at Workshop m/s	Colour Silves - A/C: Insured / Std / NI / NA
of	Sp.Reading 67539. T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ZSU 600063728
Claims No.	Gen. Copd: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 235/55R18 -
(Policy Condition)	Tyre Size: F: 235/55R18 - R: 335/55R18 -
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.	TOYO / OKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 05/07/18,
Lum Sum: % 3 Val.: Yes or No	D.O.A. Survey held at Description of Democratic Fet / Party O/S / N/S
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	CI CI
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP EQ.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / LB.I: (\$:Weekend (\$
	TOTAL